



# ROBBINS

— LIBRARY —

## STUDENT VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Person we may contact in an emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Phone \_\_\_\_\_

Why do you wish to volunteer at the Robbins Library? What do you hope to accomplish by volunteering? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES:

Name	Relation to you (business/social/family)	Phone
1. _____	_____	_____
2. _____	_____	_____

Do you have any volunteer experience? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please list the organizations and the type of work you did.  
\_\_\_\_\_  
\_\_\_\_\_

Days/times that are best for you:

	9-noon	12-3 p.m.	3-5 p.m.	5-9 p.m.
Mondays	_____	_____	_____	_____
Tuesdays	_____	_____	_____	_____
Wednesdays	_____	_____	_____	_____
Thursdays	_____	_____	_____	_____
Fridays	_____	_____	_____	_____
Saturdays	_____	_____	_____	_____

How many hours are needed for community service? \_\_\_\_\_

Are you volunteering anywhere else to complete these hours? NO \_\_\_\_\_ YES \_\_\_\_\_

Will you continue volunteering after these hours are complete? NO \_\_\_\_\_ YES \_\_\_\_\_



### Office use only:

Date contacted _____	Date of interview _____
Date of orientation _____	Job assignment _____
Day(s) _____	

School \_\_\_\_\_ Town \_\_\_\_\_  
Grade \_\_\_\_\_

**TO BE COMPLETED BY PARENT OR GUARDIAN:**

Date \_\_\_\_\_

My (son/daughter) \_\_\_\_\_ has my permission to work as a volunteer at the Robbins Library/Fox Branch Library. I understand that he/she will be donating approximately three hours each week, for a minimum of three months.

\_\_\_\_\_  
(Signature of parent)

\_\_\_\_\_  
(Phone)