

River Falls Public Library

Teen Volunteer Form

*Must have completed 6th grade to be a library volunteer

Name: _____ Age/Grade: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

Email address: _____

Parent/Guardian Signature: _____

Please check areas that you would be interested in volunteering:

- Special Projects (cleaning books or various areas of the library)
- Shelving
- Programs (help with set-up, chairs, etc.)
- Book Repair (mending, taping, gluing, cleaning, etc.)
- Book sales (help set-up, monitor and collect money – only twice per year)
- General assistance (make copies, prepare crafts, tidy up toys, straighten shelves, etc.)
- Gallery (must be 16 years of age)

Available to volunteer: _____ days _____ evenings _____ weekends

Number of hours to volunteer: _____ hours per _____ (recommend **maximum** of 2 hours per day and 2 days per week)

Age:

Comments and schedule conflicts:

****All volunteer times MUST be scheduled ahead of time**

Parents and guardians **MUST** sign this form in order for students to be allowed to volunteer
If you have any questions, please feel free to contact Monica at 426-3484 or monical@riverfallspubliclibrar.org

Thank You!!