



Rochester, NY 14623

## **Teen Volunteer Application**

Updated September 2025

Full Name:	Date:
Address:	
Phone Number:	
Email:	
(A non-school email address is preferred, school	l district emails often filter out external email addresses)
Date of Birth:	
School:	
Please tell us a little about yourself: life exp will help us get to know you.	eriences, interests, hobbies, or any other information that
What do you want to gain from volunteering a	at the Henrietta Public Library?





Henrietta Public Library 625 Calkins Road Rochester, NY 14623

## Put a check next to the times you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening		

umber of Community Service Hours Needed:	
een Volunteer Term End Date (Expected Graduation):	_
een Signature:	-
arent/Guardian Name (Printed):	
arent/Guardian Signature:	

Thanks for your interest in volunteering with us! You may drop off your completed application at any service desk, or email it to our Teen Volunteer Coordinator, Laura Dingman, at <a href="mailto:laura.dingman@libraryweb.org">laura.dingman@libraryweb.org</a>.