

Teen Advisory Group Volunteer Application Summer 2019

Today's Date:	
First Name:	Surname:
Are you under 19 years of age? Please circle o	ne: Yes No
Street Address:	Apartment:
City:	Postal Code:
Phone Number: I	Email:
School:	Grade:
Please check all streams which interest y	vou Places votev to the "Toop Advisom
Group" Volunteer Profile for further info	•
Arts and Letters Stream (sessions	takes place at a variety of dates and times)
Leading to Reading (Tuesdays 7:00-	·8:00pm; program runs Jul 16 – Aug 22)
Event Stream (sessions takes place a	at a variety of dates and times)

Teen Advisory Group Volunteer Application Summer 2019 continued:

elevant Experience: ased on the "Teen Advisory Group" Volunteer Profile, please describe any relevant xperiences you have which you feel would help you in this position.	iitable candidat	e for this position. Please continue on a separate page if necessary.
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Emergency Contact Form First Name: ______ Surname: ______ Relationship to you: ______ Phone Number: Alternate Phone Number:

Teen Advisory Group Volunteer Application Summer 2019 continued

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References:

Please provide both a personal reference **and** a work/academic/volunteer experience reference, using the attached forms. **Your application will not be considered unless accompanied by these completed reference forms.** Please provide your referees with an envelope in which they can seal the form and sign the closure before they return it to you. Submit your application and the accompanying reference envelopes to the staff either at Main Library or Beaty Branch.

You are also required to complete and submit the section below. Please read before signing.

A program coordinator will contact you regarding an interview by May 31st, 2019. We thank you for your interest in volunteering with Milton Public Library however only those applicants shortlisted for a position will be contacted for an interview.

Date: