



Teen Advisory Board and Teen Volunteer Application

PERSONAL INFORMATION:

Name _____

Home Phone (_____) _____ Other Phone (_____) _____

E-mail _____

Date of Birth _____ Age _____ (*minimum age to volunteer is 12*)

School _____ Grade _____

At which library(ies) do you want to volunteer? Circle your choice(s).

Civic Center **Mustang** **Arabian** **Appaloosa**

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name _____ Relationship _____

Home Phone (_____) _____ Other Phone (_____) _____

PHOTO RELEASE:

I allow the City of Scottsdale and/or the Scottsdale Public Library System to use my child's picture in printed publications and/or on our website.

Parent or legal guardian's signature _____ Date _____

T-shirt size _____

We appreciate your interest and support of the library.

