

STUDY BUDDIES APPLICATION

LONGWOOD PUBLIC LIBRARY • TEEN SERVICES DEPARTMENT

Name: _____

Library Barcode: _____ Phone: _____

Address: _____

Grade: _____ Email: _____

Reason For Wanting To Volunteer (Circle And/Or Fill In)

Requirement For: **Honor Society** **College Applications** **Religion** **Other:** _____

Personal Enrichment For: **Work Experience** **Career Exploration** **Other:** _____

Prior Experience

Please list any experience working with children

Reference

Please have a teacher or employer, but not a relative, give you a reference.

Reference Name: _____ Occupation: _____

How long have you known the applicant? _____

Please describe why this person will make a good volunteer:

Reference Signature: _____

Commitment To Service:

I understand that volunteering at the Longwood Public Library represents a serious commitment. I am prepared to commit to working a mutually agreed upon schedule and to give advance notice should I be unable to attend my sessions.

Applicant's Signature: _____ Date: _____

Please call the Teen Services Desk for more information at (631) 924-6400 ext. 249
Longwood Public Library
800 Middle Country Rd. Middle Island, NY 11953
<http://longwoodlibrary.org>