



One Ace Road, Butler, New Jersey 07405, USA 973-838-3262

Children's Services Volunteer Application Form

Please print clearly.

Date: _____

Last Name: _____ First Name: _____

Address: _____

Daytime Phone Number: _____

Are you under 18 years old? Yes _____ No _____

Email Address: _____

Emergency Contact: _____

Relationship: _____ Phone #: _____

Volunteers play a vital role in the success of our Library so we value your service.

Please explain in a few words why you would like to volunteer at our Library so we know why you are here. (For example: Community Service, For Fun)

Teen/Preteen Volunteer Permission Form

To be signed by parent/guardian if the applicant is under 18 years of age. Applicant must be at least 12 years old or have completed 6th grade to volunteer.

Student's Name: _____ has my permission to work as a volunteer at the Butler Public Library.

School: _____

Applicant's Date of Birth: _____

Signature of Parent/Guardian: _____

Address: _____

Parent/Guardian's Phone Number: _____

Relationship to Student: _____

The Butler Library has permission to use my child's photograph, videotaped image or creative works for publicity with programs held at the Library. No names will be used.

Yes: _____ **No:** _____

Signature of Parent/Guardian: _____

Signature of Student Volunteer: _____

Thank you for offering to volunteer at the Butler Public Library. You will receive a response to your application as soon as Ms. Arlene or Ms. Lisa from Children's Services receives the application and reviews it. (More information on other side) Thank you for volunteering.