



Newport News Public Library System



VOLUNTEER APPLICATION

Date _____

Name _____

Address _____

Telephone _____

Age if under 18 _____ (If under the age of 18, signature of parent or legal guardian is required below.)

Special interests or skills _____

Any other comments you would like to make _____

_____(Signature of applicant)

As parent or legal guardian of the above-named applicant who is under 18 years of age, I hereby give my permission for him/her to perform volunteer work for the Newport News Public Library System.

_____(Signature of parent/legal guardian)



FOR OFFICE USE

Date _____

Schedule _____

Duties _____