



# PISCATAWAY

public library

## APPLICATION FOR CHILDREN'S DEPARTMENT VOLUNTEERS

Applicants must be Piscataway residents between the ages of 11 and 18.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

\_\_\_\_\_

Days and times available:

\_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please print & return completed application to Ai-Ling Louie in the  
Children's Department at Kennedy Library