



Montville Township Public Library

TAB Volunteer Application

Grades 6-12

Name: _____

Grade: _____ Library Card Number: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Applicant's Email: _____

Date of Birth (if under 18): ____/____/____

Parent/Guardian Name (if under 18): _____

Emergency Contact Name: _____

Relationship: _____ Emergency Contact Phone Number: _____

Please fill in the following in which you have familiarity:

Other language(s): _____

Arts and crafts, computers and technology, performing arts: _____

Clubs: _____

Organizing large events: _____

Working with children/senior citizens: _____

Past library experience: _____

Signature of Applicant: _____ Date: _____

If applicant is under 18 years old:

_____ has my permission to volunteer for the Montville Township Public Library.

Parent/Guardian Signature: _____ Date: _____