

**Montgomery-Floyd Regional Library
Teen Volunteer Application**

Name: _____

Address: _____

City: _____ **Zip:** _____

Age: _____ **Volunteers must be at least 11 to participate.**

Email _____

Name of parent/guardian:

Telephone number (Home): _____ **(Work):** _____

PARENT/GUARDIAN APPROVAL:

_____ has my permission to
apply as a Teen Volunteer for the Montgomery-Floyd Regional Library.

Please select the Branch you prefer:

Blacksburg Christiansburg Floyd Meadowbrook

When are you interested in volunteering? (check all that apply)

Weekdays M T W Th F

Weekends Saturday Sunday

Summer

Parent/Guardian Signature: _____

Date: _____

Please return to:

Sarah Pahl, Youth Services Manager

spahl@mfrl.org

540-552-8240

