



Londonderry Leach Library Student Volunteer Application

Name: _____

Address: _____

Telephone number: _____ Grade: _____

Why would you like to volunteer at the Leach Library?

Where would you like volunteer?

Check all that apply:

____ Teen Advisory Board

Meetings are held the first Tuesday of the month

6:00-7:00 p.m. expect for January, which is held the
second Tuesday

____ Teen Review Crew

Ongoing, as completed.

Signature: _____ Date: _____

Parent

Signature: _____ Date: _____