Date: _____

Bedford Public Library

Bedford, New Hampshire

Teen Volunteer Pre-Screening Questionnaire

Name: _____

Address: _____

_____

Date of Birth: _____

Grade & School: _____

Phone Number: _____
(Parent phone numbers are also accepted.)

Personal Email: _____
(Please do not use a school email address, as these cannot always receive outside email. Please use an alternate email address that is checked frequently, as volunteer hours are assigned via email. Parent emails are also accepted.)

Are you volunteering to fulfill a requirement for school? If yes, please provide us with the specifics of your requirement (timeframe for completion, the number of hours you need, etc.).

Why do you want to volunteer at Bedford Public Library?

Do you have any experience, skills, or knowledge that we could utilize with your volunteer time?

What days/times are you available to volunteer?

Staff Initial _____ Reviewed by Primex 05/03/24

Date: _____ Approved by the Board of Trustees 09/06/24