

City of Milwaukie Ledding Library Teen Volunteer Application Grades 6-12

Thank you for your interest in volunteering.

Contact Information: Pleas	se fill out the	e application o	completely. PLEASE PRINT
Name:			Pronouns
Date:	Age:	School:	
Address:			
Phone: (C)		(H)	
Email:			
Parent/Guardian Name:		Phone	'
Other Emergency Contact In	ıformation		
Name:		Phone:	
Availability : Please list availa limited to 1 hour per week. Al Sundav	ll days may ı	not be available	
•			
Reason for Volunteering:			
Accommodation Needs:			

For further information, please contact the Children's Library at 503.786.7580, option 4 10660 SE 21st Ave. Milwaukie, OR 97222

