



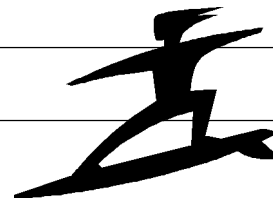
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2 Garrett Avenue
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301-645-2864

[] POTOMAC BRANCH
3225 Ruth B. Swann Dr.
Indian Head, MD 20640
301-375-7375

TEEN VOLUNTEER APPLICATION



Name _____

Address _____

_____ Phone _____

Name of School _____ Highest Grade Completed _____

Extra-curricular activities, hobbies, and special skills:

Other volunteer work experience:

Days and hours available: _____
(maximum 2 hour shifts, 2 days per week)

PERSONAL REFERENCES

Name	Address	Occupation	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of application _____ Signature _____