# FARGO PUBLIC LIBRARY
## TEEN GARDEN VOLUNTEER APPLICATION

***THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE LIBRARY!***

Name _____ Date _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Birthday (month, day and year) _____ Place of Birth _____

Parent/Guardian _____ Phone _____

Parent/Guardian Signature _____

Can you easily bend, reach, stoop and grasp? YES NO

Can you lift 40 pounds consistently? YES NO

Can you push a 100-pound wheeled cart? YES NO

Program days/hours are TUESDAYS 3-4 p.m.
Does this work for your schedule? YES NO

Are you able to commit to these days/hours from June through August? YES NO

**OFFICE USE ONLY**
Contact _____
Scheduled _____
Notes_____

Form revised
February 2022