



## Bluffton Teen Volunteer Application

If you are aged 13-18 and interested in being a part of our Bluffton T.V. Group please complete this form and return it to the Youth Services Coordinator.

Name:		Age:		Grade:				
Address:		Home Telephone:						
		Cell:						
Email:								
Previous work or voluntary experience:			How did you find out about Bluffton T.V.? (please check)					
			Friend	<input type="checkbox"/>	Website	<input type="checkbox"/>	Program	<input type="checkbox"/>
			Facebook	<input type="checkbox"/>	Flyer	<input type="checkbox"/>	Other	<input type="checkbox"/>
Which activities would you like to be involved in? (please check)								
Storytime	<input type="checkbox"/>	Brain Builders	<input type="checkbox"/>	Book Club	<input type="checkbox"/>	Please list any extra-curricular activities you participate in (with days or dates)		
Teen Programs	<input type="checkbox"/>	Homework Buddy	<input type="checkbox"/>	Craft Projects	<input type="checkbox"/>			
Summer Programs	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Anime Club	<input type="checkbox"/>			
Why should you be considered to be part of the Teen Volunteer Group?								
<hr/> <hr/> <hr/> <hr/> <hr/>								
Signature of Applicant:		Please note that as a minor, we require that you have your parent or guardian's permission to participate as a Volunteer.		Parent/Guardian's Signature				
Date:			Youth Services Coordinator:					