



“Page-in-Training” Application Form

Volunteers must currently attend grades 4-6.

Please return completed applications to the Youth Services Desk.

Volunteer Information:

Last Name: _____ First Name: _____

Grade: _____ School: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

I understand that Messenger Public Library is depending upon me to commit to volunteering two 15-minute shifts per month. I will do my best to fulfill this commitment.

Volunteer Signature: _____

Parent or Guardian Signature: _____

