



Today's Teens, Tomorrow's Techies (T4) Summer Technology Institute

VOLUNTEER APPLICATION

Today's Teens, Tomorrow's Techies (T4) is a quality technology training program for teens that will teach them skills they will use while volunteering at Brooklyn Public Library.

PERSONAL INFORMATION

Name: _____

Address: _____

Apt # : _____ City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Age: _____

Note: **You must be ages 14-18 to participate in the T4 program.** Applicants under the age of 18 must have a parent/guardian complete the consent section on the reverse side of this form.

In case of emergency, notify (Name): _____

Telephone: _____ Relationship: _____

EDUCATION AND EXPERIENCE

Which school do you attend? _____

Circle highest grade completed: 7 8 9 10 11 12 What is your grade point average? _____

Have you had any paid work experience? If so, describe: _____

INTERESTS

Why do you want to participate in the Today's Teens, Tomorrow's Techies program?

SKILLS

Do you know how to use a computer? Yes No

Are you familiar with: PCs Macs Microsoft Word
 Microsoft Excel Microsoft Access Internet Explorer

Have you ever worked with the public before? If so, describe: _____

What language(s) other than English do you:

Speak? _____

Read? _____ Write? _____

CHARACTER REFERENCE INFORMATION

Please provide the name and telephone number of a personal reference, such as a family friend, teacher, community leader, or someone else who can describe your character.

Reference Name (first and last) _____ Phone _____

I authorize Brooklyn Public Library to make inquiries as to my character, and to certify that all statements made on this application are true.

Signature _____ Date _____

PARENT/GUARDIAN CONSENT (For volunteers under age 18)

I give permission for the above applicant to participate in the Summer Technology Institute and volunteer at Brooklyn Public Library for 120 hours over a duration of the school year. If you need to reach me, my phone number is: _____

Name of parent/guardian (please print): _____

Signature of parent/guardian: _____

**Mail completed application to:
Volunteer Resources
Brooklyn Public Library
10 Grand Army Plaza
Brooklyn, NY 11238**

OFFICE OF VOLUNTEER RESOURCES USE ONLY

Interview date _____ Interviewed by _____

Comments _____

Accepted? Yes No

Preferred Branches for volunteer service:

1. _____ 2. _____