# Newport News Public Library

**ADMINISTRATIVE OFFICES**
700 Town Center Drive, Suite 300
Newport News, VA 23606
(757) 926-1350
Fax (757) 926-1365
www.nnva.gov/library

## VOLUNTEER APPLICATION

Date_____

Name_____

Address_____

_____

Telephone_____

Email_____

Age if under 18_____ (If under the age of 18, signature of parent or legal guardian is required below.)

Special interests or skills_____

_____

Any other comments you would like to make_____

_____

_____(Signature of applicant)

As parent or legal guardian of the above-named applicant who is under 18 years of age, I hereby give my permission for him/her to perform volunteer work for the Newport News Public Library.

_____(Signature of parent/legal guardian)

**FOR OFFICE USE**

Date_____

Schedule_____

Duties_____