Osterville Village Library 43 Wianno Avenue Osterville, MA 02655 508-428-5757

## **Community Service Student Application Form**

School Year 20\_\_\_\_\_ to 20\_\_\_\_\_

First Name		Last Name	
School		Age	Grade
			Phone ()
Cell/Text ()	Er	mail	
How many hours do you	need to complete?		*************
Deadline date:			_
Are you available to worl Please indicate which iter	,	٠.	year?
Shelving library ma Reading to childrer Helping with summ Helping in the Frier Processing library	n ner celebration & villaç nds Bookstore	ge day activities	
Is there anything else you	might like to do at the	e library?	
	the documented hou	irs of community	service listed above and met all the
Student Signature			Date
Parent/Guardian Please read the passage community service progra			ssion to participate in this volunteer
Parent/Guardian Name			
Parent Guardian Signatur	e		Date
In case of emergency plea	ase call (Name)		(Phone)
We would like the opportunit (which is not shared with oth	ners). If you prefer not to	be added please cl	nd would like to add you to our mailing list heck the box below.