

# ***TEEN ACTION GROUP***

## **Volunteer Application**

Please print this form, fill it in, and return it to either branch of the Port Hope Public Library.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of your High School: \_\_\_\_\_

Grade: \_\_\_\_\_

For further information, please contact the Library at  
*library@porthope.ca* or 905.885.4712.

Thank you for your interest in the ***TEEN ACTION GROUP***.  
We will be in touch with you soon.

