Teen Tech Support Application

Name:						
Email:			Phone:			
Reason for	r volunteeri	ing:				
Availabili	ty (please s	elect all tim	es that work f	or your sch	nedule)	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4:00-5:00						(10-11:30)
5:00-6:00						(11:30-1)
Preferred	shift (list 3)					
Describe a	ın experien	ce when yo	u helped anot	her person	with techr	ology:
A patron i	s taking a t	est and ask	s for your help	o. How do	you respor	nd?
How do you think your support could benefit the library?						