

To Whom It May Concern:

The student listed below has applied to the Teen Council of the Danbury Library. Council members advise on purchase of materials, summer reading themes and program planning.

Members also are the Teen Volunteers for the library. As part of the application process, your name was given as a reference. Please reply in writing, phone (203-797-4512), EMAIL (TBUZAID@DANBURYLIBRARY.ORG) OR FAX (203-796-1677). Please answer the following questions. If you email, be sure to give the applicant's name.

Thank you.

Theresa Buzaid, Executive Secretary Danbury Library 170 Main Street Danbury, Ct 06810 203-7974512

tbuzaid@danburylibrary.org

Applica	ant's Name:			
Applica	ant's Signature:			
Please	Print Your Name:			
Relatio	nship to Applicant:			
Check	all that apply			
1.	In what capacity have you k	nown him/her and for ho	w long?	
2.	What strengths would he/s	he bring to a volunteer po	osition? Mature	
	Organzied Frie	endly Quiet	Sincere	
3.	Please describe student's w	ork ethic and reliability	Follows rules	
	Responsible Ind	ependent		
4.	Do you know any reason why we shouldn't consider him/ her for a volunteer position?			
	Yes No			
Please	Sign:		Date:	