



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 (203-797-4505 x7716), EMAIL (DJOHNSON@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.

Deirdre Johnson, Teen Librarian
Danbury Library
170 Main Street
Danbury, Ct 06810
203-797-4505 x 7716
djohnson@danburylibrary.org

Applicant's Name: _____

Applicant's Signature: _____

Please Print Your Name: _____

Relationship to Applicant: _____

Check all that apply:

1. In what capacity have you known him/her and for how long? _____
2. What strengths would he/she bring to a volunteer position?
Mature____ Organized ___ Friendly___ Quiet___ Sincere___
3. Please describe student's work ethic and reliability Follows rules___
Responsible___ Independent___
4. Do you know any reason why we shouldn't consider him/ her for a volunteer position?
Yes___ No___

Please Sign: _____ Date: _____