

**TOWN OF LEXINGTON  
TEEN SUMMER/COMMUNITY SERVICE  
VOLUNTEER INFORMATION SHEET**

- **NAME** \_\_\_\_\_
- **ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_
- **NOTIFY IN CASE OF  
ILLNESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_
- **LIST ANY PHYSICAL PROBLEM WHICH MIGHT AFFECT OR  
LIMIT YOUR WORK ASSIGNMENT** \_\_\_\_\_  
\_\_\_\_\_
- **PLEASE GIVE US SOME INFORMATION ABOUT YOUR WORK  
EXPERIENCE AND TRAINING IN THE PAST OR PRESENT**  
\_\_\_\_\_  
\_\_\_\_\_
- **PLEASE LIST SPECIAL SKILLS/COMPUTER EXPERIENCE**  
\_\_\_\_\_  
\_\_\_\_\_
- **WHAT DAYS/HOURS ARE YOU AVAILABLE**
- **WHICH POSITIONS ARE YOU INTERESTED IN?**  
1.) \_\_\_\_\_  
2.) \_\_\_\_\_  
3.) \_\_\_\_\_

**Lexington Teen Volunteers must observe the rules of confidentiality. Stated briefly, confidentiality means that anything you see or hear about others should not be discussed.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Return via email to : [gshattuck@ci.lexington.ma.us](mailto:gshattuck@ci.lexington.ma.us)**

**Or fax 781-861-2921**