

Teen Book Reviewer Application
Swampscott Public Library
61 Burrill Street, Swampscott, MA 01907

* denotes required field

*Name _____ *Date _____

Date of Birth _____ *Grade _____

Phone Number _____ *Email _____

Address _____

City _____ State _____ Zip Code _____

Library Card # _____

*Why are you interested in volunteering at Swampscott Library?

What are your favorite books and/or genres?

*Are there any potentially upsetting topics you do not want to read about?
