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Parent Permission
Required for Volunteers
under the age of 18.

Teen Volunteer Application

Must be 14-18 years old to apply.

Name: _____ Home Phone: () - _____

Address: _____ Teen Cell Phone: () - _____

Town: _____ Zip: _____ Date of Birth: / / _____

Teen E-mail: _____ School: _____ Grade: _____

1. Is there a specific number of hours you need to volunteer? If yes, how many hours? _____

2. Do you need to have your hours completed by a certain date? _____

3. Are you volunteering for a specific reason?

NHS School Scouts Church Other

4. What volunteering opportunities interest you? Circle all that apply

Anytime Volunteering: Teen Book Reviews

Quarterly Volunteering: Teen Volunteer Day

Occasional Volunteering: Special Events (Ex. Noon Year's Eve)

5. Why are you interested in volunteering in the library?

Volunteer Service Agreement

If selected to be a volunteer...

I will be polite and respectful to library patrons and staff.

I agree not to be on my cell phone, unless it's an emergency.

I will dress appropriately as a representative of the library.

I will be present at events and meetings that I say I will.

Signature: _____

Part 2: Parent/Guardian Permission and Emergency Contact

Teen Volunteer Applicant:

As a parent or guardian of the above-named teenager, I give permission for the teen/tween to volunteer for Herrick District Library. I won't hold Herrick District Library, its employees, volunteers, or agents responsible for accidents, injuries, or illness that may occur to my child from participation in library volunteer programs.

Signature of parent or guardian: _____

Relationship to volunteer: _____

Cell phone: _____ Alt phone: _____

Email: _____

Secondary Emergency Contact Name and Number:

Allergies, medications, or other medical information needed in event of emergency:

Part 3: Media Permission

This form authorizes the use and distribution of a print photograph, videotape or other electronically produced image of

(Please Print Name of Individual(s) Used In Medium)

by Herrick District Library. Signees of this document grant permission for the photographing, videotaping or other electronic capturing of the individual's image for use in promotional materials produced by and for Herrick District Library. These materials may be distributed in the public domain. The materials will remain the property of Herrick District Library and will not be used for commercial purposes.

The following signature represents approval for Herrick District Library to use same. Minors under the age of 18 must have this form signed by a parent or legal guardian in order for permission to use image to be granted to Herrick District Library.

Signature: _____

Printed Name: _____

Date: _____

Phone number: _____

OR

Email Address: _____