



**Parent Permission Required for  
Volunteers under age 18. Please  
see next page.**

## Teen Volunteer Application

Must be between 12 to 18 years old.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ (teen) Cell Phone \_\_\_\_\_  
 Town \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_  
 (teen) E-mail \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**1. Availability: Branch location preferred** \_\_\_\_\_

- A. Days you can volunteer: (circle) Mon Tues Wed Thurs Fri Sat  
 B. Times you can volunteer: From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
 C. How often would you like to volunteer? Weekly \_\_\_ Biweekly \_\_\_ Monthly \_\_\_ Short-term \_\_\_

**2. Is there a specific number of hours you need to volunteer?** \_\_\_\_\_

**3. Must you have your hours completed by a certain date?** \_\_\_\_\_

**4. Are you volunteering for a specific reason?** NHS School Scouts Church Other

**5. What areas of volunteering interest you?**

- Adopt a shelf Program Assistance Book Reviews  
 Teen Advisory Board Other

**6. Why are you interested in volunteering at the library?** \_\_\_\_\_  
 \_\_\_\_\_

## Volunteer Services Agreement

**If selected to volunteer at the library:**

- I will be courteous and respectful of the library patrons, staff and other volunteers.
- I agree not to use my cell phone or other mobile device during my volunteer time, unless is it an emergency.
- I will dress appropriately as a volunteer representative of the library.
- I will focus on my assignment while volunteering, which means minimal socialization with friends, and not being responsible for younger siblings.
- I will adhere to my work schedule and contact the library when I am unable to come.

**Signature:**

\_\_\_\_\_

# PARENT PERMISSION

**Teen Volunteer Applicant:** \_\_\_\_\_

As a parent or guardian of the above-named teenager, I give permission for him/her to volunteer at the library. I hereby indemnify and hold harmless the Ocean County Library, its employees, volunteers, or agents from any liability for accidents, injuries or illness that may occur to my child from his or her participation in the Library Volunteer Program.

**Signature of Parent/ Guardian:** \_\_\_\_\_

**Relationship to Teen Volunteer:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Alternate Emergency Contact Name and Phone:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Media Permission

The Ocean County Library also has permission to use my child's photograph, videotaped image or creative works in publicity about the Library and its activities and displays.

**Signature of Parent/Guardian:** \_\_\_\_\_

