



**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: _____

