



## TEEN VOLUNTEER Application

*Teen volunteers must be between 12 yrs. to 18 yrs.*

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

E-mail (Print) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

- Availability:** Branch location preferred \_\_\_\_\_  
 a. Days you can volunteer: (circle) Sun Mon Tues Wed Thurs Fri Sat  
 b. Times you can volunteer: From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm
- Are you required to fulfill a specific number of volunteer hours?** \_\_\_\_\_ **If yes, how many?** \_\_\_\_\_
- Must you have your hours completed by a certain date?** \_\_\_\_\_ **If yes, when?** \_\_\_\_\_
- What areas of volunteering interest you? (not all opportunities available at all branches)**  
 Adopt a Shelf                       Book Reviews                       Tech Buddies  
 In-house Clerical Assistance                       Teen Advisory Board (T.A.B.)  
*Contact Branch for summer-only Volunteering in early May to volunteer for Reading Buddies and S.A.I.L.*
- Other places you volunteer:**  
 Environmental Groups     Faith Based Organization                       Boy/Girl Scouts     School-based  
 United Way                       Youth Organizations                       Other \_\_\_\_\_
- Where did you learn about volunteer opportunities at the library?**  
 School                       Library staff     Library flyer     Facebook     Library website  
 Newspaper     Friend                       Community Organization                       Other \_\_\_\_\_
- References- 2 non-household references are required**  
 a. Name \_\_\_\_\_ phone number \_\_\_\_\_  
 b. Name \_\_\_\_\_ phone number \_\_\_\_\_

**Teen Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

### Parent Permission Required for Volunteers under 18

I give my permission to complete the placement of my child \_\_\_\_\_ in a volunteer position with the Ocean County Public Library.

I \_\_\_\_\_, do 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.

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 or displays. \_\_\_Yes \_\_\_No

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Emergency Telephone \_\_\_\_\_