

# Teen Volunteer Application



Please print clearly and complete both sides of the form

Name:	Date of Birth:
Mailing Address:	Home Phone:
City/Zip:	Cell Phone:
E-mail address:	
Emergency Contact & Phone :	
Relationship:	

(Volunteers between 12 & 16 years of age and their parents must also read and sign page 2 of this form)

Please check the positions you are interested in:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Teen Advisory Board | <input type="checkbox"/> Clean CDs/DVDs           | <input type="checkbox"/> Assist With Programs |
| <input type="checkbox"/> Library Cleaning    | <input type="checkbox"/> Create Flyers            | <input type="checkbox"/> Shelf Readers        |
| <input type="checkbox"/> Craft Preparation   | <input type="checkbox"/> Move Collection/Shifting | <input type="checkbox"/> Maker Buddies        |

Please check which Library departments would you prefer to work in?:

- Adult                       Teen                       Children

Please let us know what special skills you have:

Hobbies: \_\_\_\_\_ Special Tech Skills: \_\_\_\_\_  
 Other skills: \_\_\_\_\_

How many volunteer hours would you like to work?:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1-2 hours a day          | <input type="checkbox"/> 1-2 hours a week                 | <input type="checkbox"/> 1-2 hours a month |
| <input type="checkbox"/> 3-5 hours a day          | <input type="checkbox"/> 3-5 hours a week                 | <input type="checkbox"/> 3-5 hours a month |
| <input type="checkbox"/> 3-5 hours every 3 months | <input type="checkbox"/> 5-10 hours as a one-time project | <input type="checkbox"/> Other             |

What days & times are you available to volunteer?:

- Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday  
 Morning                       Afternoon                       Evening

### Volunteers 18 years of age and older:

In consideration of the opportunity to volunteer with the Town of Simsbury, I fully and completely release the Town of Simsbury, its officials, and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the Town. I acknowledge that any photograph or recording taken of me participating in this volunteer activity may be used for outreach, education, or documentation purposes by the Town of Simsbury.

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify the Town of Simsbury, its officials, and employees from liability for property damage and/or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Volunteers 12 through 17 years of age:

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the Town of Simsbury volunteer program. I also agree to indemnify, hold harmless, and release the Town of Simsbury, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or recording taken of my child/ward participation in the volunteer activity may be used for outreach, education, or documentation purposes by the Town of Simsbury.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Youth Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Library Use Only

Interview Date \_\_\_\_\_ Interviewer \_\_\_\_\_ Orientation \_\_\_\_\_ Training \_\_\_\_\_

Supervisor/Division \_\_\_\_\_

Assigned Task \_\_\_\_\_

Assigned day and time \_\_\_\_\_

Start date \_\_\_\_\_

Database     Name badge     Roster     Training \_\_\_\_\_

Notes: \_\_\_\_\_