



# AUBURN PUBLIC LIBRARY TEEN VOLUNTEER APPLICATION

Today's date \_\_\_\_\_

<b>GENERAL INFORMATION</b>	<b>NAME</b>		<b>DATE OF BIRTH</b>
	<b>STREET ADDRESS</b>		<b>CITY</b>
	<b>PHONE</b>	<b>EMAIL</b>	
	<b>PLEASE LIST PRIOR NAMES YOU HAVE BEEN KNOWN BY, IF ANY</b>		

<b>EMERGENCY CONTACT</b>	<b>NAME</b>		<b>RELATIONSHIP</b>
	<b>ADDRESS (if different from above)</b>		
	<b>PHONE</b>	<b>EMAIL</b>	

<b>EDUCATION</b>	<b>CURRENT SCHOOL</b>		<b>GRADE</b>
	<b>SCHOOL OR COMMUNITY ACTIVITIES</b>		
	<b>SPECIAL SKILLS</b>		

<b>PAST EXPERIENCE</b>	<b>List any current/past volunteer assignments you have held:</b>		
	<b>VOLUNTEERED FOR</b>		<b>DATES</b>
	<b>JOB DESCRIPTION</b>		
	<b>VOLUNTEERED FOR</b>		<b>DATES</b>
	<b>JOB DESCRIPTION</b>		

<b>AREAS OF INTEREST</b>	<p><b>Reasons for volunteering (check all that apply):</b></p> <p><input type="checkbox"/> School credit/assignment</p> <p><input type="checkbox"/> School community service requirement                  Total # of hours required _____ Date service must be completed _____</p> <p><input type="checkbox"/> Personal enrichment</p> <p><input type="checkbox"/> Interest in the library and/or library work</p> <p><input type="checkbox"/> Court ordered requirement                  Offense committed _____                  Total # of hours required _____ Date service must be completed _____</p> <p><input type="checkbox"/> Other _____</p>
	<p><b>Please check the Volunteer position for which you are applying at this time. Descriptions of these positions may be found on our Teen Space website.</b></p> <p><input type="checkbox"/> Shelf Reader</p> <p><input type="checkbox"/> Program Assistant</p> <p><input type="checkbox"/> Book Reviewer</p> <p><input type="checkbox"/> Book Display/Flyer Design Assistant</p> <p><input type="checkbox"/> Teen Tech Tutor</p>

<b>AVAILABILITY</b>	<b>Preferred Days</b>	<b>Preferred Hours</b>
	<p><b>Length of commitment you agree to make:</b></p> <p><input type="checkbox"/> 3 months      <input type="checkbox"/> 6 months      <input type="checkbox"/> School year (Sept-June)</p> <p><input type="checkbox"/> Other (specify) _____</p>	

<b>OFFICE USE ONLY</b>	
<b>Orientation/Interview done by</b>	<b>Date</b>
<b>Comments</b>	
<b>Start date</b>	<b>End date</b>
<b>Comments</b>	

**TEEN VOLUNTEER APPLICATION SIGNATURE PAGE**

**Volunteers 18 years and older**

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of the Auburn Public Library, I hereby agree, for myself, my heirs, assigns, executors and administrators to release, discharge, and hold harmless the City of Auburn and the Auburn Public Library, Inc., and Board of Trustees, its employees, agents, and volunteers from all claims, demands, actions or any cause for suit arising from injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. I give the Auburn Public Library permission to conduct a background check on me as a condition for volunteer service. In addition, I agree to keep confidential any customer information or Library records I may encounter. I understand that the Auburn Public Library does not provide medical coverage or other employee benefits for volunteers. If qualified for library service, I agree to abide by the rules and regulations of the Auburn Public Library.

**Volunteer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Volunteers 12-17 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 voluntary participation with the Auburn Public Library. In connection with his/her voluntary involvement in activities undertaken for, and with the participation and support of the Auburn Public Library, I hereby agree, for myself, my heirs, assigns, executors and administrators to release, discharge, and hold harmless the City of Auburn and the Auburn Public Library, Inc., and Board of Trustees, its employees, agents, and volunteers from all claims, demands, actions or any cause for suit arising from injuries sustained to his/her person and/or property as a result of my involvement in such activities, whether or not resulting from negligence. I hereby attest that his/her attendance and involvement in such activities is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions of this release. I give the Auburn Public Library permission to conduct a background check on the participant as a condition for volunteer service. I understand that the Auburn Public Library does not provide medical coverage or other employee benefits for volunteers. If qualified for library service, I agree to abide by the rules and regulations of the Auburn Public Library.

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Volunteer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return this form to the Reference Desk on the second floor.*