



Teen Volunteer Application

Volunteer opportunities for teens, ages 14 – 17.

Please print clearly and complete all sections.

Date: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

School: _____ Age: _____

Library Preference: _____ Cedaredge _____ Crawford _____ Delta
_____ Hotchkiss _____ Paonia _____ Literacy

Are you volunteering for school credit? _____ Yes _____ No If so, hours needed: _____

Days/Times Available: _____ Hours/Week: _____

References: Please list two adult references who are not your relatives. References may be teachers, friends, ministers, youth leaders, coaches, etc.

Name: _____ Email or Phone: _____ Relationship: _____

Emergency Information: Name of individual to contact _____
Phone: _____ Relationship: _____

Photo Release:

I, _____, give permission for my child, _____, to be photographed and/or videotaped in their role as a teen volunteer at Delta County Libraries for the sole purpose of non-commercial educational and/or promotional use, and I understand that I am not entitled to compensation for this service.

Signature of Parent or Guardian Date

Parental Permission:

I, _____, give my child, _____, permission to volunteer for Delta County Libraries.

Signature of Parent or Guardian Date

Please answer the following questions:

1. Why do you want to volunteer at the library and what do you hope to gain from this experience?

2. Please list your hobbies, interests, clubs, or other information you would like us to know about you:

3. How do you use the library (homework, information, recreational reading, etc.)?

Please sign below when you have read and understood all statements.

I certify that all statements made in this Volunteer Application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release Delta County Public Library District from any liability for supplying such information.

I understand that the Delta County Public Library District reserves the right to screen volunteers and will not accept as a volunteer anyone who would jeopardize any aspect of library service or safety of library staff and patrons.

I agree to give prior notification to the Library if I cannot keep my scheduled date and time of service.

I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the Delta County Public Library District.

I understand that by volunteering, I am not guaranteed any special consideration for any future permanent job positions with the Delta County Public Library District.

Applicant Signature: _____ **Date:** _____

Library Office Use Only – Managers must complete this section before accepting volunteer’s service.

Interview Date: _____

Interview Comments: _____

References Confirmed/Comments: _____

Volunteer Assignment: _____