



## Teen Volunteer Application

Thank you for your interest in volunteering!

Volunteers need to have completed fifth grade.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

School Community Service? Yes No Hours needed \_\_\_\_\_

### Person to contact in case of emergency

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Days & Hours Available (volunteer hours generally need to be done before 5pm)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

### Why would you like to volunteer at the library?

### What skills do you have that would help you in your work as a teen volunteer?

**Please have your parent/guardian complete the reverse side of this form, and then return it to the library.**

**Parent/Guardian Permission Required for Volunteers under 18**

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

I \_\_\_\_\_, do hereby indemnify and hold harmless the Asotin 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 Oakland Public Library also has permission to use my child's photograph or videotaped image in publicity about the Library and its activities. \_\_\_Yes \_\_\_No

Parent/guardian name (printed)\_\_\_\_\_

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

Date\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Telephone\_\_\_\_\_

Email\_\_\_\_\_