



## APPLICATION FOR COMMUNITY SERVICE (YA)

Date \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ (if under 18 yrs.)

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_

If volunteer hours have been assigned by school or another program, please indicate:

Name of school/program: \_\_\_\_\_

Number of hours: \_\_\_\_\_

Date by which hours must be completed: \_\_\_\_\_

Availability (indicate the hours you are available; e.g., 10 am to 2 pm)

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Begin							
End							

Please list any physical limitations the library should know about:

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Please list any special interests, skills or hobbies:

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Have you had previous volunteer experience?  Yes  No

If "Yes", please answer the following questions:

Name of Organization \_\_\_\_\_

What did you do as a volunteer? \_\_\_\_\_

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Please provide contact names and numbers, in case of emergency.

_____	_____	_____
Name	Relationship	Phone

_____	_____	_____
Name	Relationship	Phone

**Applicant's Statement:**

I certify that the information on this application is true and correct and acknowledge that falsification of this application is grounds for disqualification.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a volunteer service decision.

I understand that, as a volunteer, I will be assigned to perform whatever duties the library considers most necessary and helpful to its operation. I also understand that my work will be reviewed and my services at the library may be concluded at any time. I understand that activities are voluntary and I am participating at my own risk. By signing this application, I agree to abide by the William Jeanes Memorial Library policies. I agree to keep confidential all library user information or library records I may encounter.

I have read, understand, and by my signature consent to these statements.

_____	_____
Volunteer's Name (Please Print)	Date

_____	_____
Volunteer's Signature	Date

_____	_____
Parent/ Guardian's Name (Please Print)	Date

_____	_____
Parent/Guardian's Signature	Date

_____	_____
Staff Signature	Date

## Teen Volunteer Agreement

### As a Teen Volunteer, I Agree:

- To adhere to all William Jeanes Memorial Libraries policies and procedures
- To arrive on time and check in with staff upon arrival at my volunteer location
- To call my supervisor as soon as possible, if I am unable to report to my volunteer position
- To dress appropriately
- To report volunteer hours on the volunteer time sheet

### As a Parent, I Agree:

- To encourage my teenager to strive for good work habits and attendance
- To make sure my teenager arrives on time and is picked up at the end of his/her work shift
- To emphasize the importance of my teenager's responsibility

### Medical Emergencies Involving Minors

In the event that a parent or legal guardian of a minor cannot be reached in a medical emergency, the William Jeanes Memorial Library is authorized to arrange for emergency medical treatment, the cost of which will be the sole responsibility of the parent or legal guardian.

### Media Consent

I give my consent to the William Jeanes Memorial Library to use interviews, photographs or video of a minor child for the purposes of education, communication and promotion of the library. I release the library from any expectation of confidentiality for my child.

Volunteer's Name (Please Print)

Date

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Volunteer's Signature

Date

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Parent/ Guardian's Name (Please Print)

Date

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Parent/Guardian's Signature

Date

WJN \_\_\_\_\_