

**ALGOMA PUBLIC LIBRARY
TEEN VOLUNTEER APPLICATION
AGES 14-17**

Teen Volunteer Information

Name: _____ Date: _____

Address: _____ City _____ Zip _____

Telephone: _____

Email Address: _____

School: _____ Year/Grade _____

Have you been a Teen Volunteer Before: **Y/N**

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Why do you want to volunteer at the library? Be specific:

I, _____ understand that by applying to this program it does not guarantee acceptance into the teen volunteer program.

While I am volunteering at the Algoma Public Library, I will be representing the library and at all times should dress, behave and conduct myself in a manner acceptable to the institution for which I am representing.

Volunteer Signature

Date

Parent/Guardian Information

Volunteers under the age of 18 must have written consent of a parent or legal guardian to participate in the Teen Volunteer program of the Algoma Public Library. I agree that the Algoma Public Library has permission to use my child’s photograph or videotaped image in publicity about the Library activities.

I _____ hereby give written permission for my Child _____ to participate in the Algoma Public Library Teen Volunteer Program.

As a parent, I agree to encourage my teen to strive for good work habits and behavior. I agree to make sure my teen arrives on time and is picked up at the end of his/her work shift and emphasize the importance of my teens volunteer responsibilities.

_____ Parent Name
(Please Print) _____ Date

_____ Parent Signature
_____ Date

Emergency Contact Information

1. _____
Name of person to contact in case of Emergency Relationship

_____ Emergency contact phone numbers (home, work, cell)

2. _____
Name of person to contact in case of Emergency Relationship

_____ Emergency contact phone numbers (home, work, cell)

This consent form is valid for one (1) year from the date printed above.