

Teen Volunteer Application

Date of Submission: _____ / _____ / _____



Please print clearly and complete both sides of the form

Name:	Date of Birth:
Mailing Address:	Year of Graduation:
City/Zip:	Home Phone:
E-mail address: _____ <small>Please print clearly. This is the primary method of contact.</small>	Cell Phone:

Emergency Contact & Phone:
Relationship:

(Volunteers between 12 & 17 years of age and their parents must also read and sign page 2 of this form)

Please check the positions you are interested in:

- | | | |
|---|---|---|
| <input type="checkbox"/> Teen Advisory Board | <input type="checkbox"/> Clean CDs/DVDs | <input type="checkbox"/> Shelf Readers
<small>Help keep our shelves in neat order</small> |
| <input type="checkbox"/> Library Cleaning | <input type="checkbox"/> Create Flyers | <input type="checkbox"/> Maker Buddies <small>(Children's Dept)</small> |
| <input type="checkbox"/> Craft Preparation | <input type="checkbox"/> Move Collection/Shifting | <input type="checkbox"/> Techie Teen Help
<small>Help others navigate: smartphones, tablets, basic computer skills</small> |
| <input type="checkbox"/> Shelving | <input type="checkbox"/> 3D Printer | |
| <input type="checkbox"/> Assist With Programs | | |

Please check which Library departments would you prefer to work in?:

- Adult Teen Children

Please let us know what special skills you have.

Can you help teach or run a program? (e.g. CAD, iPad, crafts, gaming, etc) List ideas here or email Sara.

Hobbies: _____ Special Tech Skills: _____

Other skills: _____

How many volunteer hours would you like to work?:

- | | | |
|---|---|--|
| <input type="checkbox"/> 1-2 hours a day | <input type="checkbox"/> 1-2 hours a week | <input type="checkbox"/> 1-2 hours a month |
| <input type="checkbox"/> 3-5 hours a day | <input type="checkbox"/> 3-5 hours a week | <input type="checkbox"/> 3-5 hours a month |
| <input type="checkbox"/> 3-5 hours every 3 months | <input type="checkbox"/> 5-10 hours as a one-time project | <input type="checkbox"/> Other |

What days & times are you available to volunteer?:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday (School Year)
- Morning (Mon-Sat) Afternoon Evening (Mon-Thur)

Are you submitting this for: School Year (Sept-June) or Summer (July-Aug)

Volunteers 18 years of age and older:

In consideration of the opportunity to volunteer with the Town of Simsbury, I fully and completely release the Town of Simsbury, its officials, and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the Town. I acknowledge that any photograph or recording taken of me participating in this volunteer activity may be used for outreach, education, or documentation purposes by the Town of Simsbury.

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify the Town of Simsbury, its officials, and employees from liability for property damage and/or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer Signature: _____ Date: _____

Volunteers 12 through 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 participation in the Town of Simsbury volunteer program. I also agree to indemnify, hold harmless, and release the Town of Simsbury, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or recording taken of my child/ward participation in the volunteer activity may be used for outreach, education, or documentation purposes by the Town of Simsbury.

Parent Signature: _____ Date: _____

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Youth Volunteer Signature: _____ Date: _____

Please check here if it is okay to use your teenager in photos to promote the library and its services. This may include social media such as Facebook, Instagram, and Tumblr.

For Library Use Only

Interview Date _____ Interviewer _____ Orientation _____ Training _____

Supervisor/Division _____

Assigned Task _____

Assigned day and time _____

Start date _____

Database Name badge Roster Training _____

Notes: _____