

# Application For Teen Volunteer Service/ Summer Reading Program Volunteer

Teen Volunteers must be between the ages of 12-18  
The Library does not accept court-ordered or diversion program volunteers.

## Volunteer Application Information

Name \_\_\_\_\_ Home phone \_\_\_\_\_  
 Please Print  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Date of Birth (Month/Day/Year) \_\_\_\_\_  
 How many hours do you wish to volunteer at the Library? (1-3 hours a week) \_\_\_\_\_

Availability:	M	T	W	T	F	S	S
Times:							

At which location would you like to volunteer? \_\_\_\_\_

## Volunteer History

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? \_\_\_\_\_

Do you have any special skills or training? (computer skills, baby-sitter training, sign language, art classes etc....)

\_\_\_\_\_  
 \_\_\_\_\_

Why do you want to volunteer at the Library?

\_\_\_\_\_  
 \_\_\_\_\_

Are you interested in serving on a Teen Advisory Board? **Yes No Maybe**

## References (Not related to you)

Name \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone \_\_\_\_\_  
 Please Print Work/Home  
 Name \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone \_\_\_\_\_  
 Please Print Work/Home

Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_  
 Please Print Work/Home

**Signature** \_\_\_\_\_  
 Volunteer Date

**Signature** \_\_\_\_\_  
 Parent/Guardian Date

### Return completed application to your local branch or mail to:

Volunteer Coordinator  
 Public Library of Cincinnati and Hamilton County  
 800 Vine Street  
 Cincinnati, Ohio 45202  
 Revised 3/09

E-mail/Call:  
 Volunteers@CincinnatiLibrary.org  
 513-369-6946

# Teen Volunteer Agreement

The Public Library of Cincinnati and Hamilton County

## **The Library Agrees:**

- To provide you, as a Volunteer, with a safe work environment.
- To provide supervision and training by a member of the Library staff, who will answer your questions and provide feedback regarding your work.
- To recognize your contributions as a Volunteer to the success of the Library.

## **As a Teen Volunteer, I Agree:**

- To adhere to all The Public Library of Cincinnati and Hamilton 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 volunteer responsibility.

### **Medical Emergencies Involving Minors**

In the event that a parent or legal guardian of a minor volunteer cannot be reached in a medical emergency, the Public Library of Cincinnati and Hamilton County 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 Public Library of Cincinnati and Hamilton County to use interviews, photographs or video of my 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.

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Volunteer's Name (Please Print)

Date

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Volunteer's Signature

Date

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Parent's Name (Please Print)

Date

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Parent's Signature

Date

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Staff's Signature at Location

Location