

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.

Volunteer's Name (Please Print)

Date

Volunteer's Signature

Date

Parent's Name (Please Print)

Date

Parent's Signature

Date

Staff's Signature at Location

Location