

# Teen Volunteer Application

## Contact Information

|                  |  |
|------------------|--|
| Name             |  |
| Street Address   |  |
| City ST ZIP Code |  |
| Home Phone       |  |
| E-Mail Address   |  |

## Availability

During which hours are you available for volunteer assignments?

Mornings

Tuesday

Wednesday

Thursday

Friday

Evenings

Tuesday

Wednesday

Thursday

Friday

## Interests

Tell us in which areas you are interested in volunteering

Cleaning/Straightening

Computer Assistance

Data Entry

Events/Programs

Filing

Patron Assistance

Shelf Reading

Shelving

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

|  |
|--|
|  |
|--|

## Person to Notify in Case of Emergency

|                  |  |
|------------------|--|
| Name             |  |
| Street Address   |  |
| City ST ZIP Code |  |
| Home Phone       |  |
| Work Phone       |  |
| E-Mail Address   |  |

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|                |  |
|----------------|--|
| Name (printed) |  |
| Signature      |  |
| Date           |  |

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

**VOLUNTEERS-IN-ACTION  
TEEN VOLUNTEER  
PARENTAL PERMISSION SLIP**

Name and Address of Parent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the parent of the above named child, do hereby request the City of Whitney to allow my child to be a volunteer for the City. I give my permission for the said child to participate and volunteer in all City activities. I certify that my child is in good health and can participate in all physical activities. I am familiar with the type of volunteer work that my child is to do and the circumstance under which such work will be performed.

I understand that reasonable measures will be taken to safeguard the health and safety of volunteers, and that I will be notified as soon as possible in case of an emergency. In the case of illness or accident, however, I will not hold the City of Whitney, my child's supervisors, or fellow workers responsible. In case of illness or accident, I authorize the calling on of a doctor and/or the providing of other necessary medical service at my expense. I have read all of the materials in my son's/daughter's teen volunteer orientation packet and understand the rules and duties of a teen volunteer to the Lake Whitney Library.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Evening Telephone