



Teen Volunteer Application

Old Town Public Library 46 Middle Street, Old Town, Maine 04468 207-827-3972

Contact Information

Name _____

Street Address _____

City ST ZIP Code _____

Home Phone _____

Work Phone _____

E-Mail Address _____

Availability

During which hours are you available for volunteer assignments? (Please select any that apply)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Weekday, 9-10 | <input type="checkbox"/> Weekday, 1-2 | <input type="checkbox"/> Weekday, 5-6 |
| <input type="checkbox"/> Weekday, 10-11 | <input type="checkbox"/> Weekday, 2-3 | <input type="checkbox"/> Saturday, 10-1 |
| <input type="checkbox"/> Weekday, 11-12 | <input type="checkbox"/> Weekday, 3-4 | |
| <input type="checkbox"/> Weekday, 12-1 | <input type="checkbox"/> Weekday, 4-5 | |

How many hours are you willing to work at a time? _____

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Dusting/cleaning of shelves & counters | <input type="checkbox"/> Putting books away |
| <input type="checkbox"/> Help with displays | <input type="checkbox"/> Clean up in Children's section |
| <input type="checkbox"/> Help with programs & cleanup | <input type="checkbox"/> Work with computers |
| <input type="checkbox"/> Help with Interlibrary Loan | <input type="checkbox"/> Book Sale |
| <input type="checkbox"/> Cleaning Books | <input type="checkbox"/> Landscape Maintenance |
| <input type="checkbox"/> Straightening & alphabetizing shelves | <input type="checkbox"/> Clerical Projects |
| <input type="checkbox"/> Clear drop boxes | |

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 of Teen Applicant

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.

Full Legal Name
(printed):

Date of Birth:

Signature:

Date:

Parental Permission

I understand that my child, _____, wishes to volunteer at the Old Town Public Library. I consent on behalf of myself and my child to such volunteer service, and further agree as follows:

My child may volunteer to work as needed in the adult collection as well as in the children's collection.

On behalf of myself and my child, I hereby expressly assume all risk of loss, injury or death which may result from or arise out of my child's participation in volunteer activities with the Old Town Public library. On behalf of myself and my child, I agree to release, relieve, indemnify and hold harmless the City of Old Town (including its officers, agents, employees, and elected and appointed officials) against any and all claims, demands, damages, judgments, costs and expenses, including reasonable attorney's fees for the defense of such claims and demands, arising out of or in any way connected with my child's volunteer service with the City of Old Town.

I am aware that this form contains a release of liability and indemnity agreement which is intended to be legally binding. I have read it, I understand it, and I sign it of my own free will.

Parent/Guardian 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. All information on this form will remain confidential.

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