



Teen Advisory Group Application

To participate in the Teen Advisory Group you must be in grades 6–12. A parent/guardian needs to complete the consent section on the reserve side of this application. Turn your application in at the Youth Services Desk at the Main Library.

PERSONAL INFORMATION

Last name	First name	Middle initial
Phone number 1	Phone number 2	Today's date
Current street address	City, state, ZIP code	Received date (official use)
Email address (please write NONE if you do not have one)	Age	
Current school	Current grade	

VOLUNTEER INTERESTS

List any extra-curricular activities or organizations in which you participate:

How did you hear about the Teen Advisory Group?

Tell us why you feel you would be a good candidate for the Teen Advisory Group:

PARENT/GUARDIAN CONTACT INFORMATION

Name	Home phone number
Relationship to you	Work phone number
Address	Cell phone number

EMERGENCY CONTACT INFORMATION (DIFFERENT FROM ABOVE)

Name	Home phone number
Relationship to you	Work phone number
Address	Cell phone number

PLEASE READ THE FOLLOWING AND SIGN BELOW

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Grand Rapids Public Library from any liability for supplying such information.

I understand that the Grand Rapids Public Library reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library. I also understand that I may be subject to a background check.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.

I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

Signature: _____ Date: _____

PARENT/GUARDIAN CONSENT

You give your child permission to participate.

As the parent/guardian/conservator of this volunteer, I give my permission for the above applicant to be a member of the Teen Advisory Group and to volunteer at the Grand Rapids Public Library.

You give us permission to use photos or video/audio of your child in Library promotions.

As the parent/guardian/conservator of this volunteer, I hereby grant to the Grand Rapids Public Library, its representatives and agents, express permission to use the likeness of my child, recorded voice or image, and/or name in commercials and/or publications produced by or on behalf of the Library, and/or on the Library's website, and in other publications of an educational or promotional nature. In granting permission, I hereby relinquish all rights by myself, heirs, or survivors to seek recompense for such usage now or at any time.

You release the Library from any liability.

As the parent/guardian/conservator of this volunteer, I release the Grand Rapids Public Library and its staff from any responsibility or liability while participating in volunteer activities at the Grand Rapids Public Library.

Parent/Guardian Signature: _____ Date: _____