VolunTeen Application

To participate in the teen volunteer (VolunTeens) program you must be age 11–18. A parent/guardian needs to complete the reserve side of this application. Turn your application in at the library where you want to volunteer.

PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle initial</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Phone number 1</th>
<th>Phone number 2</th>
<th>Today's date</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Current street address</th>
<th>City, state, ZIP code</th>
<th>Received date (official use)</th>
</tr>
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<table>
<thead>
<tr>
<th>Email address</th>
<th>Age</th>
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<table>
<thead>
<tr>
<th>School</th>
<th>Grade</th>
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VOLUNTEEN INTERESTS

What are some of your hobbies and interests?

Why do you want to be a part of the VolunTeens?

Have you been a teen volunteer for the library before?
- [ ] yes, list when:
- [ ] no

Do you need to work a minimum number of volunteer hours?
- [ ] yes, list how many:
- [ ] no

I am interested in:
- [ ] Program ideas
- [ ] Giving opinions on books, movies, music
- [ ] Summer Reading Program

I am interested in work at the following location (please check one):
- [ ] Main Library
- [ ] Madison Square Branch
- [ ] Ottawa Hills Branch
- [ ] Seymour Branch
- [ ] Van Belkum Branch
- [ ] West Leonard Branch
- [ ] West Side Branch
- [ ] Yankee Clipper Branch

Best days of the week and times for you to volunteer:

<table>
<thead>
<tr>
<th>Day</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Please list dates or times you will be unavailable to work due to other commitments:
PARENT/GUARDIAN CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Home phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to you</td>
<td>Work phone number</td>
</tr>
<tr>
<td>Address</td>
<td>Cell phone number</td>
</tr>
</tbody>
</table>

EMERGENCY CONTACT INFORMATION (DIFFERENT FROM ABOVE)

<table>
<thead>
<tr>
<th>Name</th>
<th>Home phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to you</td>
<td>Work phone number</td>
</tr>
<tr>
<td>Address</td>
<td>Cell phone number</td>
</tr>
</tbody>
</table>

PLEASE READ THE FOLLOWING AND SIGN BELOW

I certify that the statements made in this VolunTeen 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 VolunTeen participants, 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 VolunTeen participant and I am giving my time freely to the Library.

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

RULES FOR VOLUNTEER MEMBER CONDUCT

The Grand Rapids Public Libraries appreciate your help.

1. Be sure your parents know when you are to work. If you are scheduled to work, you are expected to be here, on time. If you can’t work or must be late, call the library you volunteer at and inform a librarian as soon as possible. Do not put the library in the position of having to tell a parent who calls for you that you did not show up.

2. If you must come early or stay late due to transportation, please understand that the library might not have anything for you to do. You are welcome to read or use the computer.

3. You are not to leave the library without staff permission. If you don’t know what to do, ask.

4. You may use the library telephone for emergencies or for quick calls home for a ride, etc. But please ask permission first; it is a business phone.

5. Please treat the library staff with courtesy and respect, and cooperate with them at all times.

6. These rules are necessary to help the library run smoothly, and many have been written by previous volunteers. Please remember that you “are” the library when you are working here, and patrons get their impressions of the library from you.

Volunteers who cannot adhere to these rules will be terminated. Thank you for your cooperation and willingness to help!

Signature: ___________________________ Date: ___________________________

PARENT/GUARDIAN CONSENT (FOR VOLUNTEERS UNDER AGE 18)

I give my permission for the above applicant to volunteer at the Grand Rapids Public Library for a maximum of _____ hours per week.

Parent/Guardian Signature: ___________________________ Date: ___________________________
Waiver of Liability and Release for Publication

I give my permission for my child, a VolunTeen applicant, to volunteer at the Grand Rapids Public Library and will not hold the Grand Rapids Public Library and/or its representatives liable for any injury or damage to equipment that may occur during participation.

I hereby grant to the Grand Rapids Public Library and Foundation, their representatives and agents, express permission to use my (my child’s) likeness, 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.

Accepted and Agreed:

______________________________
Name of Subject/VolunTeen participant (please print)

______________________________
Signature of Subject

______________________________
Date

If subject/VolunTeen participant is a minor:

______________________________
Name of Parent/Legal Guardian (please print)

______________________________
Signature of Parent/Legal Guardian

______________________________
Date

Library Representative:

______________________________
Event Name and Date

______________________________
Name of Library Representative (please print)

______________________________
Signature of Library Representative

______________________________
Date

Description of images/video and file names/locations:

______________________________

09.2017