



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

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	Age	
School	Grade	

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? <input type="checkbox"/> yes, list when: <input type="checkbox"/> no	I am interested in: <input type="checkbox"/> Program ideas <input type="checkbox"/> Giving opinions on books, movies, music <input type="checkbox"/> Summer Reading Program
Do you need to work a minimum number of volunteer hours? <input type="checkbox"/> yes, list how many: <input type="checkbox"/> no	I am interested in work at the following location (please check one): <input type="checkbox"/> Main Library <input type="checkbox"/> Madison Square Branch <input type="checkbox"/> Ottawa Hills Branch <input type="checkbox"/> Seymour Branch <input type="checkbox"/> Van Belkum Branch <input type="checkbox"/> West Leonard Branch <input type="checkbox"/> West Side Branch <input type="checkbox"/> Yankee Clipper Branch

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

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							

Please list dates or times you will be unavailable to work due to other commitments:

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 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 VOLUNTEEN 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:

www.grpl.org

Main Library

111 Library Street NE
Grand Rapids MI 49503
p. 616.988.5400
f. 616.988.5419

Madison Square Branch

1201 Madison SE
Grand Rapids MI 49507
p. 616.988.5411
f. 616.245.1403

Ottawa Hills Branch

1150 Giddings SE
Grand Rapids MI 49506
p. 616.988.5412
f. 616.241.1460

Seymour Branch

2350 Eastern SE
Grand Rapids MI 49507
p. 616.988.5413
f. 616.241.1445

Van Belkum Branch

1563 Plainfield NE
Grand Rapids MI 49505
p. 616.988.5410
f. 616.365.2615

West Leonard Branch

1017 Leonard NW
Grand Rapids MI 49504
p. 616.988.5416
f. 616.301.9438

West Side Branch

713 Bridge NW
Grand Rapids MI 49504
p. 616.988.5414
f. 616.458.0103

Yankee Clipper Branch

2025 Leonard NE
Grand Rapids MI 49505
p. 616.988.5415
f. 616.235.8349

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: