

Teen Volunteer Application – Burton Public Library

Teen Volunteers must be between the 7th – 12th grades (*summer volunteers use fall grade*)

The Library does not accept court-ordered volunteers

Name _____ Phone number _____ Date _____

Address _____ City _____ State _____ Zip _____

Email address _____ School _____ Grade _____

How many hours do you wish to volunteer at the Library? (hours per week) _____

If you need service hours to fulfill a particular requirement, please briefly describe including how many hours and by what date _____

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						

Please describe why you are interested in volunteering at the library? _____

Indicate the volunteer activities you are willing to help with. Please check all that apply.

- Technology Assistance
- Shelving Materials/Shelf reading
- Summer Reading Program
- Assist with youth programs
- Other (Please Indicate) _____

Name of Emergency Contact _____ Phone _____

Please note: You will need to attend to a Volunteer Orientation session before volunteering at the library. Orientations will be held periodically. Please check the library calendar online or call the library for dates and times of orientations.



14588 W. Park Street Burton, OH 44021

440-834-4466

www.burtonlibrary.org

Revised 8/16

Teen Volunteer Agreement – Burton Public Library

The Library Agrees:

- To provide you, as a Volunteer, with a safe work environment.
- To provide supervision and training by a member of the Library staff, who will answer your questions and provide feedback regarding your work.
- To recognize your contributions as a Volunteer to the success of the Library.

As a Teen Volunteer, I Agree:

- To adhere to all The Burton Public Library policies and procedures.
- To arrive on time and check in with staff upon arrival at my volunteer location.
- To notify library staff as soon as possible if I am unable to report to my volunteer position.
- To dress appropriately.
- To report volunteer hours on the volunteer time sheet.

As a parent, I Agree:

- To encourage my teenager to strive for good work habits and attendance.
- To make sure my teenager arrives on time and is picked up at the end of his/her work shift.
- To emphasize the importance of my teenager's volunteer responsibility.

Medical Emergencies Involving Minors

In the event that a parent or legal guardian of a minor volunteer cannot be reached in a medical emergency, the Burton Public Library is authorized to arrange for emergency medical treatment, the cost of which will be the sole responsibility of the parent or legal guardian.

Media Consent

I give my consent to the Burton Public Library to use interviews, photographs or video of my minor child for the purposes of education, communication and promotion of the library. I release the library from any expectation of confidentiality for my child

Volunteer's Name (Please Print) _____ Date _____

Volunteer's Signature _____ Date _____

Parent's Name (Please Print) _____ Date _____

Parent's Signature _____ Date _____

Staff's Signature at Location _____ Date _____



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