|  |  |
| --- | --- |
| Delray Beach Public LibraryTeen Volunteer Application (Ages 13 to 17) | Cicely DouglasReference and Young Adult Librarian100 West Atlantic AvenueDelray Beach, FL 33444Cicely.Douglas@DelrayLibrary.orgwww.facebook.com/TABatDBPL |

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Birthdate: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | First | M.I | Last |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Phone: |  | Cell: |  |

|  |  |
| --- | --- |
| Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| School: |  | Grade.: |  |
| Emergency Contact: |  | Relationship: |  |
| Emergency Address: |  | Emergency Phone: |  |
| Do you have any physical limitations? | YES[ ]  | NO[ ]  | Do you want to be a part of the Teen Advisory Board? | YES[ ]  | NO[ ]  |

# Please select all volunteer opportunities you are interested in.

**Board Officers Book Clubs Tutoring Digital**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] PresidentTAB Meetings (Oct-Mar) Monthly, 2nd Tues, 4:30-5:30 pm | [ ] Book Discussions Chair (Year Round)  Biweekly, 1st and 3rd Tuesdays, 4:30-5:30pm | [ ] FSA Tutor (Jan-Mar)  Mondays and Wednesdays, 4:00-6:00 pm  | [ ] DiYA! Digitize it, YA! (Mar-Jun) Mondays 5:00-7:00 pm |
| [ ] Vice-President TAB Meetings (Oct-Mar) Monthly, 2nd Tues. 4:30-5:30 pm  | [ ] Battle of the Books (Mar-Apr) Tuesdays, 5:30-6:30 pm | [ ] Robotics Team Assistant (Sept-Jan)Mons and Weds, 5:00-7:30 pm  | [ ]  Newsletter Editor(Sept-May)Self-Paced/Monthly |
| [ ] Secretary TAB Meetings, (Oct-Mar) Monthly, 2nd Tuesday. 4:30-5:30 pm  | [ ] Anime/Manga Club Chair (May-February)  1st and 3rd Tuesday, 5:30-6:30 pm  | [ ] Chess Club Assistant(Jan-May)Mons and Weds, 5:00-7:30 pm  | [ ] Reader Advisor (Year Round)  Self-paced via email Three reviews per month |
| [ ] Digital Historian (Oct-Mar) TAB Meetings Monthly, 2nd Tuesday 4:30-5:30 pm  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Are you volunteering for court ordered community service? | YES[ ]  | NO[ ]  |
| If yes, explain: |  |
| Have you ever pled guilty, plead no contest, or been found guilty of a felony or first degree misdemeanor? | YES[ ]  | NO[ ]  |  |
| If yes, explain: |  |

## Volunteer Experience

|  |  |
| --- | --- |
| Organization: |  |
| Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Duties Performed:  |  |

|  |  |
| --- | --- |
| Organization: |  |
| Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Duties Performed:  |  |

## Disclaimer and Signature

I understand that the Delray Beach Public Library depends on volunteers who can be counted on to honor their commitment in a professional manner. If for some reason I cannot attend a meeting or program I have signed up to attend, I will promptly contact the Young Adult Librarian (561-819-6405). I also understand that the Delray Beach Public Library and its representatives have the right to approve or reject all volunteer hours I submit for consideration.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of teen volunteer: |  | Date: |  |
| Signature of parent/legal guardian: |  | Date: |  |

## Young Adult Model Release Form: Photo/Video/Audio

|  |  |  |
| --- | --- | --- |
| *I being the Parent/Guardian of* |  | *, hereby consent that the videotapes,*  |

*photographs and /or motion picture film for which he/she posed, and/or audio recordings made of his/her voice may be used by the Delray Beach Public Library Association, Inc., its assigns or successors, in whatever way they desire, including television without compensation. Furthermore, I hereby consent that such photographs, films, negatives, and recordings and the plates and/or tapes or other medium from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whats0oever on my part or my child’s part, or by anyone who may claim by or through my child in perpetuity.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of teen volunteer: |  | Date: |  |
| Signature of parent/legal guardian: |  | Date: |  |
| Name of parent/legal guardian: |  |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Phone: |  | Email: |  |