



Teen Volunteer Application (Ages 13 to 17)

Confidential when completed

Cicely Douglas
 Reference and Teen Librarian
 100 W. Atlantic Avenue
 Delray Beach, FL 33444
Cicely.Douglas@delraylibrary.org
 Remind: text @vol100 to 81010

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 Name: _____ Relationship: _____

Emergency Address: _____ Emergency Phone: _____

Please select all volunteer opportunities you are interested in.

<input type="checkbox"/> President TAB Meetings (Oct-Sept) Monthly, 2 nd Tues, 4:30-5:30 pm	<input type="checkbox"/> Secretary TAB Meetings, (Oct-Sept) Monthly, 2 nd Tuesday. 4:30-5:30 pm	<input type="checkbox"/> DiYA! Digitize it, YA! (Jan-Apr) 1 st and 3 rd Tuesday 5:00-7:00 pm
<input type="checkbox"/> Vice-President TAB Meetings (Oct-Sept) Monthly, 2 nd Tues. 4:30-5:30 pm	<input type="checkbox"/> Digital Historian (Oct-Sept) TAB Meetings Monthly, 2 nd Tuesday 4:30- 5:30 pm	<input type="checkbox"/> Book Discussions Chair (Year Round) Biweekly, 1 st and 3 rd Tuesdays, 4:30-5:30pm
<input type="checkbox"/> Anime Club Chair (Jun-Aug) Tuesdays 5:30-6:30pm	<input type="checkbox"/> Adventure Club Chair (May- February) 1 st and 3 rd Tuesday, 5:30-6:30 pm	<input type="checkbox"/> Reader Advisor (Year Round) Self-paced via email Three reviews per month
<input type="checkbox"/>		

Do you have any physical limitations? YES NO Do you want to be a part of the Teen Advisory Board? YES NO

Do you have any dietary restrictions? YES NO If Yes, please explain _____

Please list any of your hobbies or interests: _____

Please fill out completely. If experience is not applicable write n/a.

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 whatsoever 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: _____