



# Teen Volunteer Application (Ages 13 to 17)

*Confidential when completed*

**Craig Santiago**  
Reference and Teen Librarian  
100 W. Atlantic Avenue  
Delray Beach, FL 33444  
[craig.santiago@delraylibrary.org](mailto:craig.santiago@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 tell me which volunteer opportunities you are interested in (Refer to Teen brochures).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Teen Services 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: \_\_\_\_\_