

# Teen Volunteer Application (Ages 13-17)

Confidential when completed

**Must Join Remind: Text @dbpteens to 81010**

**Christelle Mehu**  
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Public Library Services Assistant  
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## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ School \_\_\_\_\_  
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Email: \_\_\_\_\_

Do you have any physical limitations? Yes  No  Do you have any dietary restrictions? Yes  No

Are you volunteering for court ordered community service? Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever plead guilty, plead no contest, or been found guilty of a felony or first-degree misdemeanor?

Yes  No

If yes, please explain: \_\_\_\_\_

## Emergency Contact Information

Emergency Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Last First M.I.*

Emergency Contact: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Emergency Email: \_\_\_\_\_

## Volunteer Positions Available

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> TAB@DBPL President | <input type="checkbox"/> TAB@DBPL Vice President | <input type="checkbox"/> TAB@DBPL Secretary        |
| <input type="checkbox"/> TAB@DBPL Historian | <input type="checkbox"/> Book Club Chair         | <input type="checkbox"/> Book Buddies/Peer Tutor   |
| <input type="checkbox"/> Gaming Club Chair  | <input type="checkbox"/> Reader Advisor          | <input type="checkbox"/> Special Projects/Shelving |

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### Volunteer Experience

Please list any past volunteer experience.

Organization: \_\_\_\_\_ From: \_\_\_\_\_

Address: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Organization: \_\_\_\_\_ From: \_\_\_\_\_

Address: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

### Teen Volunteer 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 library staff at 561-266-0196. 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: \_\_\_\_\_ Date: \_\_\_\_\_

### Teen 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.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teen Volunteer Name (Print): \_\_\_\_\_

Teen Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian contact info is same as above

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_

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