

Teen Volunteer Application (Ages 13-17)

Confidential when completed

Remind: Text @dbplteens to 81010

Christelle Mehu
Reference and Young Adult Librarian
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Karina Espinosa
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 _____

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. By submitting this application, you agree to membership in the Teen Advisory Board and participate in the 1hr monthly meetings.

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 #*

_____ *State* *ZIP Code*
City

Phone: _____