

# Teen Volunteer Application

(Ages 13-17)

Remind: Text @dbpl to 81010

**Rachel Lyons**

Reference and Young Adult Librarian

[Rachel.Lyons@delraylibrary.org](mailto:Rachel.Lyons@delraylibrary.org)

## 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

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

## Emergency Contact Information

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

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

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

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

## Volunteer Positions Available

TAB@DBPL President

TAB@DBPL Vice President

TAB@DBPL Secretary

TAB@DBPL Historian

Book Club Chair

K-Pop Chair

Gaming Club Chair

Reader Advisor

Special Projects/Shelving

TikTok Content Creator

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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 #*

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

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