



TEEN VOLUNTEER APPLICATION

Age 13 to 17

Volunteer positions are subject to availability and need by location.

NAME: _____ DATE: _____

ADDRESS: _____
(Street) (Apt.)

(Town) (State) (Zip Code)

DAY PHONE (please circle: home cell parent): (_____) _____

EVENING PHONE (circle: home cell parent): (_____) _____

DO YOU HAVE ACCESS TO THE INTERNET? [] YES [] NO

EMAIL: _____

SELECT A LIBRARY LOCATION:

- Westampton (HQ)
- Bordentown
- Cinnaminson
- Evesham
- Maple Shade
- Medford
- Pemberton
- Riverton

WORK OR VOLUNTEER EXPERIENCE: _____

SPECIAL INTERESTS/HOBBIES: _____

PHYSICAL LIMITATIONS: Some library work involves physical exertion, standing, or close visual work. List any physical limitations that might affect your volunteer placement.

WHY ARE YOU INTERESTED IN VOLUNTEERING AT THE LIBRARY? Please specify if volunteer hours are needed for school, NHS, church, Scouts, etc.

REFERENCE:

NAME: _____ PHONE: _____

RELATIONSHIP: _____

WAIVER

I hereby agree to not make any claim or demand or to institute, press or in any way aid any claim, demand, action or causes of action or legal proceeding of whatever nature against the Burlington County Library or the Burlington County Board of Chosen Freeholders for, on account of, or in any way growing out of any and all injury I may suffer while rendering volunteer services to the Library or resulting from my rendition of volunteer services to the Library that are not caused by or the result of the negligence of the library, library staff or other county employee.

TEEN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENTAL PERMISSION TO VOLUNTEER

PARENT/GUARDIAN NAME (Please print): _____

ADDRESS: _____

DAY PHONE: (please circle: home work cell): (_____) _____

EVENING PHONE: (circle: home work cell): (_____) _____

EMAIL: _____

- ✓ My child will be age 13 by the first day s/he volunteers _____ (parent/guardian must initial)
- ✓ I give permission for my child (please write his/her name) _____
to serve as a volunteer for the Burlington County Library System.
- ✓ I give permission for my child to volunteer up until 9 pm _____ (parent/guardian must initial). If
permission is not given child may volunteer until 7pm.

PARENT/GUARDIAN'S SIGNATURE: _____ DATE _____

Submit applications to the
YOUTH SERVICES DEPARTMENT
at your preferred library location.

Office Use Only
Start Date:
Location:
Department: