

**BURLINGTON COUNTY LIBRARY SYSTEM
TEEN VOLUNTEER APPLICATION**

Signed parental permission is required if under 18 years of age.

A teen must already be 13 years old to volunteer.

Teens/college students may volunteer June, July, & August, or, occasionally, for a one-time library event. A record of your service hours, on letterhead & with your Supervisor's signature, is mailed to you by Oct. 1.

NAME _____ **DATE** _____

ADDRESS _____

(Door #) (Street)

(Apt.)

(Town)

(State)

(Zip Code)

DAY PHONE (_____) _____ **EVENING** (_____) _____

please circle: home work cell

please circle: home work cell

EMAIL _____

LOCATION

DAY(S) and TIME(S) AVAILABLE

___ Westampton (HQ)

Morning Afternoon Evening

___ Bordentown

Monday _____

___ Cinnaminson

Tuesday _____

___ Evesham

Wednesday _____

___ Maple Shade

Thursday _____

___ Medford

Friday _____

___ Pemberton

Saturday _____

___ Riverton

Sunday _____

AVAILABILITY

UNAVAILABILITY (vacation, camp, etc.)

_____ Hours Weekly

Dates _____ to _____

_____ One-Time Event (during school yr)

Dates _____ to _____

EXPERIENCE

School next Sept. _____ **Grade next Sept.** _____

Volunteer or Work Experience, if any _____

Special Interests or Hobbies _____

COMMUNITY SERVICE HOURS

I Want to Volunteer at the Library because (Circle) *Gain experience, add to resume, like to read, recommended by friend, requirement for: school, NHS, Religion, Scout Rank, Scout Merit Badge*

OTHER: _____

Information needed on Letterhead as a Record of Community Service

___ Hours Volunteered at Library this summer

___ Cumulative Hrs (total for all years at library)

___ Tasks Performed

___ Responsibility/Leadership

___ Membership in library groups/Attendance at programs (*Teen Advisory group, book discussions, etc.*)

PHYSICAL LIMITATIONS

Some library work involves physical exertion, standing, or close visual work. Please list any physical limitations _____

REFERENCE

NAME _____ PHONE _____

RELATIONSHIP _____

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** _____

**** IF UNDER 18**

PARENT/GUARDIAN SIGNATURE _____ **Date** _____

**** IF THE VOLUNTEER IS UNDER 18 YEARS OLD**

Parent or Guardian Name *(Please print)* _____

Address _____

Parent's Day Phone (please circle: home work cell) (____) _____

Parent's Evening Phone (circle: home work cell) (____) _____

Parent's Email _____

I give permission for my child _____ to serve as a volunteer for the Burlington County Library System.

**** PARENT/GUARDIAN SIGNATURE** _____ **Date** _____

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| <p>Return this form in person or mail to the Library at which you would like to volunteer</p> <p><i>Burlington County Headquarters Library, 5 Pioneer Blvd., Westampton, NJ 08060</i> Bordentown Branch Library, 18 East Union Street, Bordentown, NJ 08505 <i>Cinnaminson Branch Library, 1619 Riverton Road, Cinnaminson, NJ 08077</i> <i>Evesham Branch Library, 984 Tuckerton Road, Marlton, NJ 08053</i> Maple Shade Branch Library, 200 Stiles Avenue, Maple Shade, NJ 08052 <i>Pemberton Community Library, 16 Broadway, Browns Mills, NJ 08015</i> <i>Pinelands Branch Library, 39 Allen Avenue, Medford, NJ 08055</i> Riverton Free Library, 306 Main Street, Riverton, NJ 08077</p> <p style="text-align: right;">2008.10.29sff Teen Vol Form-1</p> |
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