

TEEN VOLUNTEER APPLICATION 2017-18

I would like to volunteer as a:

Teen Advisory Board (TAB) member (meets monthly or more)

- East Cheyenne Fountain High Prairie Holley Manitou Monument
 Old Colorado City Penrose Rockrimmon

Fast-Track Volunteer (20 hours or fewer for school, scouts or NHS)

- East Children's Dept. Monument Palmer Lake Penrose

Study Buddy (homework help one weekday after school)

- 21c East

Children's Program Ass't (regular or occasional programs) 21c East

Children/Teen Program Ass't

- Manitou Monument Old Colorado City Rockrimmon Holley Sand Creek

"Review Crew" Virtual Volunteer (1 qualifying book review = 1 hour volunteer service.) Let other teens know what you think of books! Go to <http://ppld.org/teens/volunteer> for the Participation Form.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

School _____ Age ____ Date of Birth _____

Please answer the following questions:

1. Why do you want to volunteer at the library?
2. How did you hear about this opportunity?
3. How many volunteer hours do you wish to complete? _____
4. By what date? _____

For Library Use Only:

Volunteer Placed By _____

Date Placed _____

Location _____

References:

Please list two adult references who are not your relatives. References may be teachers, friends, ministers, youth leaders, coaches, etc.

Name	Email or Phone #	Relationship
_____	_____	_____
_____	_____	_____

Emergency Information: In case of emergency please contact:

Name of Individual _____ Relationship _____

Daytime Phone _____ Evening Phone _____ Cell _____

Any medical conditions we should know about? _____

Photo Release for those under 18:

I _____ give permission for my child _____ to be photographed/videotaped in their role as teen volunteer at Pikes Peak Library District for the sole purpose of non-commercial educational and/or promotional use, and I understand that I am not entitled to compensation for this service.

Signature of parent or guardian

Date

Parental Permission for those under 16:

I _____ give my teen _____ permission to volunteer for Pikes Peak Library District.

Signature of parent or guardian

Date

Please read the following and sign:

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of this application and verification of my references. I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any services I provide.

Signature _____
HR/2017-18

Date _____