TEEN VOLUNTEER APPLICATION
2018-19

I would like to volunteer as a:

Teen Advisory Board (TAB) member (meets monthly or more)
- O East  O Cheyenne  O Fountain  O Holley  O Manitou  O Monument
- O Old Colorado City  O Penrose  O Rockrimmon

Fast-Track Volunteer (20 hours or fewer for school, scouts or NHS)
- O 21c  O East Children’s Dept.  O Monument  O Palmer Lake  O Penrose

Study Buddy  O East Children’s Dept. (Tues from 6 – 7:30 p.m.)

Children’s Program Ass’t (regular or occasional programs)
- O 21c  O East  O Penrose

Children/Teen Program Ass’t
- O Manitou  O Monument  O Old Colorado City  O Rockrimmon  O Holley  O Sand Creek  O Ute Pass

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

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<tr>
<th>Name</th>
<th>Email or Phone #</th>
<th>Relationship</th>
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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.

_____________________________________________ Date

Signature of parent or guardian

Parental Permission for those under 16:

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

_____________________________________________ Date

Signature of parent or guardian

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.

_____________________________________________ Date

Signature

HR/2018-19