

TEEN VOLUNTEER APPLICATION
Jefferson-Madison Regional Library



Teen volunteers must be at least 13 years old.

At which location would you like to volunteer? (You may choose more than one)

Central Crozet Gordon Ave Greene Louisa Nelson Northside Scottsville

Your Name _____

Address (including city, state, zip) _____

Phone Number _____ Email Address _____

Age _____ Birthdate _____ School _____

Do you need to fulfill a school or club requirement? Yes No If yes, how many hours? _____ By when? _____

Please check the time period(s) you're most interested in volunteering:

Fall semester Spring semester Summer Any of these

Why do you want to volunteer in the Library?

Please list any volunteer experience you have had.

Do you have any special talents or skills? (Computers, typing, languages, etc.)

Hours that you would be available to volunteer (write in all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening					xxx	xxx

In case of emergency, please notify:

Name _____ Phone _____

Relationship to You _____

The Library will sometimes photograph events and activities to promote its services. May we have permission to photograph you along with Library staff if you are volunteering at any of these times? (Saying "no" does not keep you from being chosen as a volunteer).

Yes No

The Library will use the personal information you provide solely to assist us in determining the best use of your time and skills.

I understand that I will not hold JMRL, its employees, directors, or funding agencies responsible for any injury while working as a volunteer.

Your Signature _____ Date _____

Parent's Signature (if under 18) _____ Date _____