

# TEEN HANGOUT

LOVELAND PUBLIC LIBRARY

## TEEN VOLUNTEER APPLICATION

### TEEN INFORMATION

Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

### MY SKILLS

I have interest and maybe even consider myself an expert in...

- Writing + books
- Technology (3D printing, coding, etc.): \_\_\_\_\_ tell us which technologies you enjoy
- Assisting and planning events
- Other: \_\_\_\_\_ how could you assist at the library?

### MY AVAILABILITY

The day I would prefer to volunteer each week: \_\_\_\_\_

The time that works best for me: \_\_\_\_\_

How many hours do I want to volunteer each week: \_\_\_\_\_

I am required to complete volunteer service hours

- Organization that assigned me service hours: \_\_\_\_\_
- I need to complete this many hours: \_\_\_\_\_ by this date: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

In case of emergency, please contact:

First	Last	Relationship	Phone Number
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First	Last	Relationship	Phone Number
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First	Last	Relationship	Phone Number
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300 N Adams Ave. Loveland, CO 80537 •  
libraryteenservices@cityofloveland.org  
www.lovelandpubliclibrary.org

## THE 'RULES'

As a teen volunteer at Loveland Public Library, I agree to arrive on time, sign-in and notify a staff member. If I am unable to do this I will email the Volunteer Coordinator, giving 24 hours notice when possible. I will remain on task until my shift is over and will notify a staff member before taking breaks or leaving for the day. I will be courteous, respectful, and set a positive example for patrons and encourage library usage and a love of reading. I will keep my phone in my pocket on vibrate and will not use it unless it is an emergency. I will use my phone only with the permission of a staff member. I will not text, listen to music, play on the computer or video game system unless given permission. I will wear a volunteer nametag when I am working. I will wear appropriate attire to the library (no bathing suits, no clothing with offensive or threatening messages, etc.). I will keep socializing to a minimum. Visitors, relatives and friends are welcome to use the library but may not assist in your volunteer duties.

I understand that the use of drugs, alcohol, weapons, or any form of theft, violence, or bullying are a violation of Loveland Public Library's Code of Conduct and are grounds for immediate termination and/or prosecution.

**Teen Volunteer Signature**

**Date**

## ACKNOWLEDGEMENT + RELEASE

I give permission for my minor child/ward to be a teen volunteer for Loveland Public Library. If accepted as a volunteer, I understand they will be provided with orientation and training necessary for the safe and responsible performance of duties and they will be expected to meet all the requirements of the position, including regular attendance and adherence to Loveland Public Library policies and procedures. I understand that they will not receive monetary compensation for the services contributed. I will support them by respecting their volunteer commitment and providing transportation, if needed.

**Parent/Guardian Signature**

**Date**

I grant to the City of Loveland (City), its representatives and employees the right to take photographs of me, my property, my minor child/ward, and my minor child/ward's property in connection with the above-identified teen volunteer. I authorize the City of Loveland, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree the the City may use such photographs of me and my minor child/ward with or without my name or my minor child/ward's name and for any lawful purpose including, for example, such purposes as publicity, illustration, advertising, and Web content.

**Parent/Guardian Signature**

**Date**

I acknowledge that the City is authorized to make any investigation regarding employment, volunteer or other history of any volunteer applicant. In the event that my minor child/ward is placed as a volunteer with the City, I agree to comply with all of its rules and regulations including without limitation the City Administrative Regulations posted on the Volunteer internet page and any rules specific to the program for which they volunteer. I understand that each volunteer is covered by an Accident Medical Insurance Policy with a limit of \$15,000 per incident and accept this as the limit of City liability while my minor child/ward performs as a volunteer with the City. I understand that no volunteer in the Volunteer Program is insured by Workers' Compensation insurance. I acknowledge that there are dangers and risks associated with participation in the Volunteer Program and assume such dangers and risks, and any related injury, damage or loss for my minor child/ward. In the event of an emergency, I authorize the City to secure medical treatment for my minor child's/ward's immediate care, and agree to be responsible for payment of any medical services rendered. To the extent permitted by law, I hereby release and agree to indemnify the City, its officers, employees, and agents and any landowner upon whose property any claims of personal injury and property damage arising from participation in the Volunteer Program by my minor child/ward. I certify that all statements on this application are true and complete and that I have read and understand this Acknowledgement and Release. I understand that false statements on this application shall be considered sufficient reason for termination of volunteer placement. A minor's signature must be accompanied by the signature of a parent or guardian. All information is confidential.

**Parent/Guardian Signature**

**Teen Volunteer Signature**

**Date**