

TEEN VOLUNTEER REGISTRATION FORM

Delafield Public Library

Today's Date: ___/___/___

Name: _____ Age: _____

Address: _____

Email: _____

Phone: _____

Home

Cell

Emergency Contact: _____

Name

Phone

Through what organization/for what purpose are you volunteering at the library?

National Honors Society

Dick Ohm Merit Award

Key Club

Confirmation Hours

Tri-M

Other:

Scholarships

Eagle Scouts

How many volunteer hours do you need? _____

The Library will be introducing a new opportunity soon, called the Library Ambassadors Program. The program will gather teens of different ages and send them out into the community as representatives of the library. This will be a great addition to any application or resume. Would you like to be contacted with more info about the program? _____

As a Volunteer, I fully understand and agree to the following.

PLEASE READ CAREFULLY BEFORE SIGNING

- I will keep my voice and actions professional but remain enthusiastic and friendly with the children and adults that I come into contact with as a volunteer.
- I will keep myself informed of the current Library programs so as to be able to promote those events to interested families.
- That except as authorized, during my service as a volunteer, I will not use staff equipment or work spaces, nor disclose, release, or make use of any confidential or personal information that has been shared with, or acquired by, me.
- Texting, game-playing on personal devices and listening with the assistance of headphones to iPods or MP3 players is not permitted.
- I understand that the Library may reassign me or end my service as a volunteer should any inappropriate behavior occur.
- I acknowledge having read, understood, and agree to the above conditions.

Signature: _____ Date: _____

For office use only:

Date received: ___/___/___

Date trained: ___/___/___

Email: Y/N

Volunteers 18 years of age and older:

In consideration of the opportunity to volunteer with the City of Delafield, I fully and completely release the City of Delafield, its officials, and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I understand that I will be covered by the City's worker's compensation insurance for any physical injuries that may occur during my volunteer activities. I acknowledge that any photograph or videotape taken of me participating in this volunteer activity may be used for outreach, education, or documentation purposes by the City of Delafield.

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release and indemnify the City of Delafield, its officials, and employees from liability for property damage and/or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer Signature: _____ Date: _____

Volunteers 12 through 17 years of age:

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the City of Delafield volunteer program. I also agree to indemnify, hold harmless, and release the City of Delafield, its officials and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or videotape taken of my child/ward participating in this volunteer activity may be used for outreach, education, or documentation purposes by the City of Delafield.

Parent Signature: _____ Date: _____

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer signature: _____ Date: _____