



Application For Teen Volunteer Service/ Summer Reading Program Volunteer

Teen Volunteers must be between the ages of 13-18
The Library does not accept court-ordered or diversion program volunteers.

Volunteer Application Information

Name _____ Home phone _____
 Please Print
 Address _____ City _____ State _____ Zip _____
 E-Mail Address _____ School _____ Grade _____
 Date of Birth (Month/Day/Year) _____
 How many hours do you wish to volunteer at the Library? (1-3 hours a week) _____

Availability:	M	T	W	T	F	S
Times:						

Volunteer History

Have you had previous volunteer experience? **Yes** **No** If "Yes", please answer the following questions:
 Name of Organization _____
 What did you do as a volunteer? _____

Do you have any special skills or training? (computer skills, baby-sitter training, sign language, art classes etc....)

Why do you want to volunteer at the Library?

Are you interested in serving on a Teen Advisory Board? **Yes No Maybe**

References (Not Related to You)

Name _____ E-Mail _____ Phone _____
 Please Print _____ Work/Home
 Name _____ E-Mail _____ Phone _____
 Please Print _____ Work/Home

Emergency contact person _____ Phone _____
 Please Print _____ Work/Home

Signature _____
 Volunteer _____ Date _____

Signature _____
 Parent/Guardian _____ Date _____

Return completed application to the library or mail to:
 Christie Starnes, Library Director
 Hocutt-Ellington Memorial Library
 100 S. Church Street
 Clayton, North Carolina 27520

E-mail/Call:
 clstarnes@townofclaytonnc.org
 (919) 359-9366



Teen Volunteer Agreement

TOWN OF CLAYTON LIBRARY

Library Agrees:

- To provide you, as a Volunteer, with a safe work environment.
- To provide supervision and training by a member of the Library staff, who will answer your questions and provide feedback regarding your work.
- To recognize your contributions as a Volunteer to the success of the Library.

As a Teen Volunteer, I agree:

- To adhere to all the Town of Clayton policies and procedures.
- To arrive on time and check in with staff upon arrival at my volunteer location.
- To call the library as soon as possible if I am unable to report to my volunteer position.
- To dress appropriately.
- To report volunteer hours on your volunteer time sheet.

As a Parent, I agree:

- To encourage my teenager to strive for good work habits and attendance.
- To make sure my teenager arrives on time and is picked up at the end of his/her work shift.
- To emphasize the importance of my teenager's volunteer responsibility.

Medical Emergencies Involving Minors

In the event that a parent or legal guardian of a minor volunteer cannot be reached in a medical emergency, the Town of Clayton is authorized to arrange for emergency medical treatment, the cost of which will be the sole responsibility of the parent or legal guardian.

Media Consent

I give my consent to the Town of Clayton to use interviews, photographs or video of my minor child for the purposes of education, communication and promotion of the library. I release the library from any expectation of confidentiality for my child.

Volunteer's Name (Please Print)

Date

Volunteer's Signature

Date

Parent's Name (Please Print)

Date

Parent's Signature

Date

Staff's Signature at Location

Location