

Staff \_\_\_\_\_

Placement \_\_\_\_\_

Director \_\_\_\_\_

Registered \_\_\_\_\_

**Hocutt-Ellington Memorial Library**  
**TEEN ADVISORY BOARD (TAB) VOLUNTEER APPLICATION**  
*Students in 7th grade through 12th grade*

**Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_  
*Last First Middle*

**Address:** \_\_\_\_\_

\_\_\_\_\_ *City State Zip*

**Phone Number:** \_\_\_\_\_ **Email** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Graduation year:** \_\_\_\_\_ **Career Interests:**  
\_\_\_\_\_

**Are you currently employed?** \_\_\_\_\_ **If yes: Dates:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_  
**Your Duties:** \_\_\_\_\_

**Have you ever volunteered before?** \_\_\_\_\_ **If yes: Dates:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_  
**Your Duties:** \_\_\_\_\_

**Parent's name:** \_\_\_\_\_ **Parent's Phone:** \_\_\_\_\_

**References: Please choose your reference from among the following: teacher, guidance counselor, minister, principal, employer, another adult volunteer, neighbor, etc.**

1. **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

2. **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**1. Why would you like to be a member of the library's Teen Advisory Board?**

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**2. What traits and/or skills would make you a good teen board member? Use back if needed.**

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**3. What are your hobbies and interests? Extracurricular activities?**

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**Have you ever been convicted of an offense against the law or forfeited bond? Yes \_\_\_ No \_\_\_**

*NOTE: A criminal record will not necessarily exclude you from volunteering. Such factors as age at time of offense, rehabilitation efforts and regency and seriousness of the crime will be taken into account. You may omit traffic violations of which you paid a fine of \$30.00 or less.*

**CERTIFICATION AND ASSENT**

I hereby certify that the statements I have made are true.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**IF VOLUNTEER IS UNDER 18, PARENT OR GUARDIAN MUST ALSO SIGN BELOW:**

I hereby give my consent for \_\_\_\_\_ (name of volunteer) to volunteer at the Hocutt-Ellington Memorial Library.

**PRINTED NAME OF PARENT/GUARDIAN** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **Date** \_\_\_\_\_

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the Town of Clayton to perform a Criminal History Records Information Check in connection with my application to volunteer with the Town of Clayton pursuant to N.C.G.S. 114-19.3

Please print name: (Last, First Middle)

\_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(release of your social security number will only be used for the purpose stated above)

Date of Birth \_\_\_\_\_

Drivers License Number & State \_\_\_\_\_

By signing below, I understand that a check of my criminal record may be conducted. I further agree that the information stated above is truthful to the best of my knowledge.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Please return to:  
ClaytonLibrary@TownofClaytonNC.org  
OR  
Hocutt-Ellington Memorial Library  
100 S. Church Street, Clayton, North Carolina 27520

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