



# TEEN VOLUNTEER APPLICATION

PLEASE ALSO COMPLETE THE PARENTAL CONSENT FORM

*Please print*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female    Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Mo/Day/Yr

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level: (If applying during the summer, check the grade you will begin next year)

9<sup>th</sup> Grade     10<sup>th</sup> Grade     11<sup>th</sup> Grade     12<sup>th</sup> Grade

Education and Experience: (including volunteer experiences)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special skills, interests, hobbies, languages:

\_\_\_\_\_  
\_\_\_\_\_

Other information you want us to know:

\_\_\_\_\_

How did you hear about the GCL Teen Volunteer Program?

\_\_\_\_\_

Why would you like to volunteer at the library?

\_\_\_\_\_

Are you volunteering to fulfill a community service requirement?  YES  NO

List the name of organization requesting community service hours (CS Hours):

\_\_\_\_\_

Amount of CS Hours Needed: \_\_\_\_\_ CS Hours due by: \_\_\_\_\_

Please list what hours you can volunteer on weekdays below:

Monday	Tuesday	Wednesday	Thursday	Friday

Please indicate volunteer opportunities that would interest you: *Opportunities may change as we grow our Teen Volunteer Program*

Teen Advisory Board/  
Event Planning \_\_\_\_\_  
**(Mondays: 5-6:30PM)**

Community Service Projects \_\_\_\_\_  
*(ex. No sew blankets for homeless  
shelters, humane society etc)*

Decorating/Taking Down  
Decorations \_\_\_\_\_

Assisting with Children's Program under Supervision  
of YA and Children's Librarians:

Shelving Teen Center \_\_\_\_\_

Fabulous Friday \_\_\_\_\_  
(Homeschool Program - **Monthly,**  
**Last Fri 2:45-4:15PM)**

Anime/Board Game  
Club Assistant \_\_\_\_\_  
**(Thursdays, 3:30-5:15PM)**

Bilingual Storytime \_\_\_\_\_  
**(Monthly, Wednesdays, TBD)**  
*Be able to speak at Intermediate/  
Advanced Spanish Level*

Have you ever been convicted of an offense against the law other than a minor traffic violation?

\_\_\_\_ No \_\_\_\_ Yes *Please explain fully:*

\_\_\_\_\_  
\_\_\_\_\_

I understand that it is the Greenwood County Library's policy to protect the privacy of our patrons and agree to hold information from volunteer duties in complete confidence. I understand that background checks may be necessary for some positions and that all such reports will be held in strict confidence. I understand that all volunteer work must be done on the library premises. My submission of this application indicates agreement with these terms and conditions.

SIGNATURE \_\_\_\_\_

NAME (PLEASE PRINT) \_\_\_\_\_

Please return application to: Jessica Howard, Young Adult Services  
Coordinator, Greenwood County Library, 600 South Main St.,  
Greenwood, SC 29646 or [jhoward@greenwoodcountylibrary.org](mailto:jhoward@greenwoodcountylibrary.org) .

**THANK YOU!**

Questions? Please call the Library at 864-941-3031.

**GREENWOOD COUNTY LIBRARY SYSTEM**  
**VOLUNTEER RELEASE FORM FOR MINORS**  
**PARENTAL CONSENT**

(To be completed and signed by parent/guardian if volunteer is under 18 years of age)

Volunteer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

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I, \_\_\_\_\_, being the Parent or Legal Guardian of \_\_\_\_\_ (The Minor), hereby consent to and authorize the Minor to act as a volunteer for the Greenwood County Library System.

I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established by the Greenwood County Library System and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer. These activities will include, but are not limited to the duties listed on the Volunteer Form. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree to indemnify and hold the County of Greenwood, SC, Greenwood County Library System, the GCLS Library Board, and all of its officers, employees, representatives and volunteers free and harmless from and against all claims, damages, losses and expenses, including attorney fees, that my minor child may sustain while participating in the volunteer activity. I hereby release and discharge the Greenwood County Library System and the Greenwood County Library Board and all of its officers, employees, representatives and volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

**Parent/Legal Guardian Signature**

I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between the Greenwood County Library System and myself and I sign it of my own free will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_