



TEEN VOLUNTEER APPLICATION

PLEASE ALSO COMPLETE THE PARENTAL CONSENT FORM

TEEN CONTACT INFORMATION -----

Please print

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____ Email _____

_____ Male _____ Female Birthday _____ / _____ / _____ Mo/Day/Yr

PARENT CONTACT INFORMATION -----

Parent/Guardian name: _____

Parent/Guardian email: _____

The Young Adult Services Coordinator will send out communication via email to both the parent/guardian's email and the teen's email. Schedules for TAB and other monthly volunteer activities will be emailed at the beginning of the month.

The YA Coordinator's email is jhoward@greenwoodcountylibrary.org

Relationship: _____ Phone: _____ Cell: _____

School: _____

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

9th Grade 10th Grade 11th Grade 12th Grade

Special skills, interests, hobbies, languages:

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

If yes, list the name of organization/school requesting Community Service Hours.

Amount of Community Service Hours needed: _____ Community Service Hours due by: _____

Please list what hours you can volunteer on weekdays below. *This is just to give us an idea on what days you are available and will not mean that you volunteer every day that you list 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)
Highly recommended to attend at least one meeting a month. These meetings are where decisions are made and assignments are passed out for large projects

Decorating/Taking Down
Decorations _____

Program Setup and Assistance _____

(ex. Setting up the chairs in the auditorium and assisting Library Staff during large events such as a summer reading performance)

Shelving/Cleaning (Summer) _____

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 .

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 _____

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: _____