TEEN VOLUNTEER APPLICATION – 2026-2027

Easttown Library

Name: _____ D.O.B._____

Address: _____

Telephone: _____Email:_____

Name of School: _____Grade: _____

Person(s) to contact in case of emergency: _____

Name

Number

Why do you want to volunteer at the Library? _____

_____

_____

_____

How did you hear about the volunteer program? _____

Liability/Confidentiality Waivers and Parental Consent **Date: _____**

I, _____, as parent/guardian of _____, do hereby release and hold harmless Easttown Library from all liability, claims, or causes of action that may arise from any accidents, injuries, or illnesses that may occur to my child from his/her participation in the volunteer program. I also agree that Easttown Library has permission to use my child's photograph or record image in publicity about the library system activities.

I, _____, understand that in my capacity as an Easttown Library volunteer, may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer.

Parent/Guardian Printed Name: _____Sign_____

Teen Printed Name: _____ Sign_____

Availability

Volunteers must be available for a regularly scheduled shift once a week in order to be considered (i.e. you will be scheduled the same night every week). Week day shifts will be scheduled between 4-7pm, but 1-hour and 2-hour slots are possible based on availability.

Please denote below which weekdays you are available, and what your preferred shift times would be on the lines provided below (Remember it must be between 1-2 hours long!)

Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat _____

PM Shifts (Between 4-7pm) **AM Shift (10am-12am)**