

Andover Public Library Teen Volunteer Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Home phone _____ Cell phone _____

Email _____

Grade _____ School _____

In case of emergency, please contact:

Name _____ Relationship _____

Home phone _____ Cell phone _____

Do you have any special requirements or medical conditions that we should be aware of as you volunteer? _____ If yes, please describe _____

Are you completing required community service? Please circle: No Yes

If yes, how many hours? _____ By what date? _____/_____/_____

Please describe the source of your requirement (courts, scouting, religious organization, etc.):

Please list any special skills or interests you have that may be helpful to the library: _____

After reviewing the job description, are you able to perform the functions of the job with reasonable accommodation? _____ If no, what accommodations are needed? _____

How did you hear about the volunteer opportunity at APL? _____

References not related to applicant:

#1] Name _____ Phone _____
Address _____
Relationship _____

#2] Name _____ Phone _____
Address _____
Relationship _____

Parental Release [use only for youth under 18 years of age]:

_____ has my permission to accept an
Assignment as a volunteer for Andover Public Library.

Signature of guardian _____ Date _____

Waiver of Indemnification [must be signed]:

The undersigned volunteer, or his/her legal guardian, understands the nature and content of his/her duties, and, in consideration of being permitted to participate in the volunteer program, agrees as follows:

1. To waive and release any and all claims for injuries and/or damages against Andover Public Library, its officers, agents and employees which may arise out of, or in any way be connected with the manner in which the program is conducted or my participation in the program, and;
2. To defend, indemnify and hold harmless Andover Public Library, its officers, agents and employees, from any liability for damage or claims for damage for personal injury, including death, and property damage, which may arise out of or in any way be connected with the manner in which the program is conducted or my participation in the program.

I authorize Andover Public Library or its agents at the time of my application for volunteer or during my service to verify the information contained in this application as it relates to the volunteer position. I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from continued volunteerism.

Volunteer Signature _____ Date _____

Signature of Guardian _____ Date _____