



## TEEN VOLUNTEERS

Thank you for your interest in volunteering at the Cromwell Belden Public Library! Our teen volunteer program is open to middle school and high school students who are looking to help out at our library and make a difference in the community. **At this time the library does not accept court mandated community service assignments.**

Please fill out the form below and return it to a library staff member to be added to our volunteer list.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Please let us know your interests, skills, and hobbies:

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

Please note specific times you are available to volunteer (ex: 1:30-2:30, 4-7, etc.):

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Please circle how often you are interested in volunteering:

Weekly

A few times

Monthly

One time only

Are you available during the:

School year (Sept. – June)

Summer (July – Aug)

Circle the positions you are interested in:

Teen Advisory Board

Program/Craft Preparation

Shelf Reading

Tech Help for Seniors

Library Book Sale Preparation

Library Organization

I'm fine with anything

Not sure yet

**Please read the following with a parent or guardian and sign:**

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the Cromwell Belden Public Library volunteer program. I also agree to indemnify, hold harmless, and release the Town of Cromwell, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or recording taken of my child/ward's participation in the volunteer activity may be used for outreach, education, or documentation purposes by the Cromwell Belden Public Library.

**Parent: I agree to the above statement.**

Yes

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

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

**Youth Volunteer: I agree to the above statement.**

Yes

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

Please check here if it is okay to use your teenager in photos to promote the library and its services. This may include social media such as Facebook.

Yes

**If you would like more information or have any questions**

**please email Emily Mills at [emills@cromwellct.com](mailto:emills@cromwellct.com)**