



# TEEN VOLUNTEERS

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

Please fill out the form below and return it to a 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)

Check the departments you are interested in working with:

**Library**

Tasks may include: shelf reading, program/craft preparation, display creation, button making, and more.

**Human/Youth Services**

Tasks may include: assisting with Senior Dinner, stocking food pantry, calling bingo, cell phone tutoring, iPad training, and more.

**Both**

**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 Town of Cromwell teen 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 or Youth Services 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 town and its services. This may include social media such as Facebook.

Yes

**If you would like more information or have any questions feel free to contact us!**

Emily Mills – Cromwell Belden Public Library

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Eric Richardson – Youth Services

(860) 632-3448

[erichardson@cromwellct.com](mailto:erichardson@cromwellct.com)