



# VolunTeen Application Henrico County Public Library

**All VolunTeens must be at least 14 years of age.**

**Return this form to the library where you want to volunteer.**

Henrico County Public Library Administrative Offices, 1700 N. Parham Rd., Henrico, VA 23229 | (804) 501-1900

## PERSONAL INFORMATION

Name				Pronouns		Age	
Address			City/State			Zip Code	
Home Phone			Cell Phone:				
Email							

## SCHOOL INFORMATION: Name of the school you attend and your grade.

School			Grade	
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## WORK & VOLUNTEER EXPERIENCE: Briefly describe your current and/or past work and/or volunteer experience.


**Please select the duties most interesting to you:**  Shelving Books  Helping with Office Projects (labeling, research, etc)  
 Computer/Class assistant  Craft Prep & Clean up  Helping with Children's Programs  Helping with Teen Programs

## AVAILABILITY

Check which hours you would like to work below:

When do you want to work?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (9-1)						
Afternoon (1-5)						
Evening (5-9)					Libraries close at 6pm	

**Orientation Meeting:** What day of the week (Monday-Saturday) & what time of day would be best for you to attend?

## PERMISSION

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with the County of Henrico.

**RELEASE CLAUSE:** During such times as I am a participant in the County of Henrico Volunteer Services Program, I agree to assume full responsibility for such participation and release the County of Henrico from any damages which I may sustain thereby. I fully understand that if my services are no longer needed, or my performance is not acceptable, the County has the right to terminate my services as required and without notice.

**IMAGE RELEASE CLAUSE:** I hereby authorize print and/or broadcast media to interview, photograph or film me and/or my child for use in county publications, programs, exhibitions, showings or displays, and the promotion thereof in all media. Henrico County may edit such items as desired. I will not hold Henrico County or the County of Henrico Public Library responsible for its use. I hereby represent and certify that I have read the foregoing and fully understand the meaning and effect thereof and by my signature have given my consent for such use.

Signature of Volunteer Applicant	Date	Date of Birth (if under 18)
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Signature of Parent/Guardian if Applicant is under 18 years of age	Date	Phone Number
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**In case of emergency, please contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Print and sign form and return to the library where you want to volunteer.**