



Providing a place and a face to
explore, enjoy and engage.

Orange County Public Library

137 West Margaret Lane
Hillsborough, NC 27278
919-245-2525
www.orangecountync.gov/library

TEEN VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

Home phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Emergency Contact & Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

Are you currently enrolled in school? No _____ If Yes, Name of School: _____

Do you receive class credit for volunteering? No _____ If yes, # of hours needed? _____

Are you presently employed? No _____ If Yes, Name of Employer: _____

Describe the type of work you enjoy: _____

List any special skills, training, or hobbies: _____

Describe any volunteer experience you have or experience you have working in libraries:

Please list your 3 main areas of interest at the library, in order of preference:

1. _____

2. _____

3. _____

Please indicate the times that are most convenient for you to volunteer:

Personal References:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Liability Waiver

I certify that the statements made in this Volunteer Application are true, correct, and given voluntarily. In addition,

- I understand that this information may be disclosed to any party with legal and proper interest.
- I understand that the Orange County Public Library reserves the right to screen volunteers, and the Department will not accept as a volunteer anyone who would jeopardize any aspect of service or the safety of Library customers and staff.
- I understand that if I am unable to arrive for a scheduled time for any reason, I am to notify my volunteer contact as soon as possible.
- I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated by the affected library/ program volunteer contact.
- I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the department/division to which I am assigned.
- I will also not abuse any information, materials, or equipment I may use or obtain while volunteering.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Program Volunteer Contact Signature: _____ Date: _____

Please complete and return to:
Nitya Fiorentino
Orange County Public Library
137 West Margaret Lane, NC 27278
FAX 919-644-3372
nfiorentino@orangecountync.gov

Non-Discrimination Policy – The Orange County Public Library does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in volunteer opportunities or the provision of services, programs or activities.

Teen Volunteer Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Age / Date of Birth: _____

Child's Address: _____

Gender: Male Female

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

If applicable:

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Age/ Date of Birth: _____

Child's Address: _____

Gender: Male Female

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

Parent/Guardian Information

As parent or legal guardian of _____, I hereby give my consent for him / her volunteering at the Orange County Library.

I further authorize the Orange County Library Director or her designee to seek appropriate medical treatment in the event of an emergency, including emergency transport for named minor child. I have listed above any physical/medical limitations for named minor child that may require special accommodation. I understand that every effort will be made to contact me prior to treatment.

I hereby release, discharge, indemnify and hold harmless Orange County, Orange County Library, Orange County Emergency Management, and all of its employees or agents from any and all claims, actions, causes of action, damages, costs or other liabilities, known or unknown, foreseen or unforeseen (including reasonable attorney's fees), except to the extent same are caused by the negligence or willful misconduct of the County. It is the intent of this section to require indemnification of the County to the extent permitted under North Carolina law.

Signature:

Parent's Signature: _____ Date: _____

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: () _____ Office Phone: () _____

Cell Phone: () _____

Emergency Contacts If Parents are unavailable:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

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