



Please complete & return to:
Teen Services Department @
Branch: _____

TEEN VOLUNTEER Application

Teen volunteers must be between 12 yrs. to 18 yrs.

Name _____ Home Phone _____
 Address _____ Cell Phone _____
 Town _____ Zip _____ Date of Birth ___/___/___ Age: _____
 E-mail (Print) _____ School _____ Grade _____

- Availability:** Branch location preferred _____
 a. Days you can volunteer: (circle) Sun Mon Tues Wed Thurs Fri Sat
 b. Times you can volunteer: From _____ am/pm to _____ am/pm
- Are you required to fulfill a specific number of volunteer hours?** _____ **If yes, how many?** _____
- Must you have your hours completed by a certain date?** _____ **If yes, when?** _____
- What areas of volunteering interest you? (not all opportunities available at all branches)**
 Adopt a Shelf Book Reviews Tech Buddies
 In-house Clerical Assistance Teen Advisory Board (T.A.B.)
Contact Branch for summer-only Volunteering in early May to volunteer for Reading Buddies and S.A.I.L.
- Other places you volunteer:**
 Environmental Groups Faith Based Organization Boy/Girl Scouts School-based
 United Way Youth Organizations Other _____
- Where did you learn about volunteer opportunities at the library?**
 School Library staff Library flyer Facebook Library website
 Newspaper Friend Community Organization Other _____
- References- 2 non-household references are required**
 a. Name _____ phone number _____
 b. Name _____ phone number _____

Teen Signature _____ **Date** ___/___/___

Parent Permission Required for Volunteers under 18

I give my permission to complete the placement of my child _____ in a volunteer position with the Ocean County Public Library.

I _____, do hereby indemnify and hold harmless the Ocean County Library, its employees, volunteers, or agents from any liability for accidents, injuries or illness that may occur to my child from his or her participation in the Library Volunteer Program.

The Ocean County Library also has permission to use my child's photograph, videotaped image or creative works in publicity about the Library and its activities or displays. ___Yes ___No

Parent/Guardian signature _____ Date _____

Address _____

City _____ State _____ Zip Code _____ Emergency Telephone _____

Ocean County Library Homebound & Volunteer Services
 101 Washington St., Toms River, NJ 08753; Tel. 732-349-6200 ext. 5535
Website: theoceancountylibrary.org