



Teen Volunteer Application

PERSONAL INFORMATION:

Name _____

Home Phone (_____) _____ Other Phone (_____) _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ (Minimum age is 13 for volunteer service.)

School _____ Grade _____

At which library(ies) do you want to volunteer? Circle your choice(s).

Civic Center Mustang Palomino Arabian Appaloosa

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name _____ Relationship _____

Home Phone (_____) _____ Other Phone (_____) _____

WAIVER INFORMATION:

I hereby release and agree to hold the City of Scottsdale and its employees harmless from any claim for property damage occurring because of my child's participation in the volunteer program.

PHOTO RELEASE:

I allow the City of Scottsdale and/or the Scottsdale Public Library System to use my child's picture in printed publications and/or on our website.

PERMISSION:

As parent or legal guardian of _____, I hereby give him/her my permission to participate as a volunteer at the City of Scottsdale Public Library. In the event of an emergency, illness or accident, I hereby authorize the City Staff to secure any needed assistance. I understand and accept that my child will be provided medical coverage and benefits under the City of Scottsdale's Worker's Compensation System.

Parent or legal guardian's signature _____ Date _____

We appreciate your interest and support of the Library. Thank You!

