

## WASHINGTON COUNTY LIBRARY TEEN VOLUNTEER APPLICATION

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Home Address: \_\_\_\_\_

Apartment or Unit Number: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Library Branch: \_\_\_\_\_

Pronouns: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birth Date (MM/DD/YY): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**Will your volunteer hours be used to satisfy hour requirements for a club, group, or class? If yes, please complete the following:**

- Which club, group, or class? \_\_\_\_\_
- Number of hours needed? \_\_\_\_\_
- Deadline for requirement (Month/Day/Year): \_\_\_\_\_

### Time Commitment

When are you available? Please mark all that apply.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Morning</b> 9:30-12:00	Closed						
<b>Afternoon</b> 12:00-5:00							
<b>Evening</b> 5:00-8:00	Closed					Closed	Closed

### Interest and Experience

What interests you about volunteering at the library, and what are you hoping to learn or experience during your time with us?

Do you have a medical condition or mobility restriction that would limit your ability to perform certain tasks without reasonable accommodation?

YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please explain.)

Washington County will not discriminate against or harass any volunteer because of race, creed, religion, national origin, sex, mental or physical disability, age, marital status, or status with regard to public assistance, sexual orientation, familial status, or politics.

*I certify that all statements made on this application are true, complete, and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application will disqualify me from selection or result in dismissal.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **Insurance Acknowledgment**

We are grateful our volunteers contribute their time and talents to Washington County. However, please note the County does not provide insurance coverage or liability protections for volunteers. In the event of an injury, accident or incident while your child is serving in a volunteer capacity, your personal health and homeowner's liability insurance policies will serve as the primary source of coverage.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **Tennessee Warning for Volunteers**

This application is to assist in the process of referring you to the Washington County Library for a possible position as a volunteer. Certain information requested on the application is private, that is, it may be released only to you or the Washington County Library.

<b>Private Data Requested</b>	
<b>Name</b>	To distinguish you from all other applicants. Failure to provide information may be cause for rejecting an application.
<b>Street Address</b>	To be able to send you notices. Failure to provide information may be cause for rejecting an application.
<b>Telephone Numbers</b>	To be able to contact you to determine your availability for an interview. Failure to provide information may be cause for rejecting an application.
<b>Conviction Record</b>	To determine whether we may legally accept an application from you. To determine whether your record may be a job-related conviction.