

Teen Volunteer Application

Name _____ Age _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

School _____ Community Service: Y/N _____ Hours needed _____

Person to contact in case of emergency:

Name _____ Phone _____

Hours available (for example 10-3 pm)

Mon	Tue	Wed	Thu	Fri	Sat	Sun

Languages _____ Read _____ Write _____ Speak _____

Confidentiality Statement:

I understand that in my capacity as a City of Oakland volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

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 Oakland Public Library.

I _____, do hereby indemnify and hold harmless the City of Oakland, 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 Oakland Public Library also has permission to use my child's photograph or videotaped image in publicity about the Library and its activities. ___Yes ___No

Parent/Guardian signature _____ Date _____

Address _____

City _____ State _____ Zip Code _____ Telephone _____

