



## TEEN LIBRARY VOLUNTEER AGREEMENT

### Teen Volunteer Agreement and Signature

I certify that all information provided is true and complete to the best of my knowledge. I understand that I am required to disclose and previous convictions and/or pending charges. I further understand that any omission or falsification of this information is grounds for termination as a volunteer. I understand I must complete a separate Volunteer Application.

Teen's Name (print) \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Do you have an Ashtabula County District Library card? Yes or No (circle one)

### Parent/Guardian Agreement and Signature

I give permission for my child to volunteer with the Ashtabula County District Library. I understand that my child will be working under the supervision of the Library staff.

I understand volunteering with the Library involves a commitment on the part of my child to work in a regular and responsible manner. I understand my child is responsible for corresponding with his/her supervisor in a timely manner regarding any scheduling changes, sick/vacation leaves, or questions.

I will assist in providing reliable transportation if necessary. I will make arrangements for my child to be picked up by closing time at the end of his/her shift and recognize the Library is not responsible for minors left after closing. I realize the Library cannot be responsible for my child after he/she leaves the building or for any personal belongings.

I acknowledge and agree that activities performed by my child as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I understand that my child must comply with the rules and regulations established by the Library and that failure to do so may result in his/her immediate removal as a volunteer.

I have read all the information and give permission for my teen to volunteer at the Ashtabula County District Library. I agree not to hold the Ashtabula County District Library or its employees responsible for any accidents or mishaps that may involve my teen. If my teen should become seriously ill or injured I authorize you to arrange for any immediate emergency medical care needed.

Please provide any additional information about your teen that may be helpful (allergies, medications, or medical conditions): \_\_\_\_\_

Person to contact in the event of an emergency: \_\_\_\_\_

Contact Number \_\_\_\_\_ (Cell/Work/Home) Relationship to Volunteer \_\_\_\_\_

Parent/Guardian's Full Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Parent/Guardian's Email \_\_\_\_\_ Phone \_\_\_\_\_  
(Cell / Work / Home)

Do you have an Ashtabula County District Library card? Yes or No (circle one)