

Teen Volunteer Application

Name _____ Date _____

Address _____

City _____ State _____ Zip code _____

Email address _____

School _____ Age _____

Community Service _____ (yes or no) How many hours _____

Phone _____

Person to contact in case of emergency:

Name _____

Phone(day) _____ (evening) _____

Hours available

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

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.

Signed: _____ Date: _____



Youth Volunteer Permission Slip

Dear Parent or Guardian:

(Name of Youth) _____ is interested in volunteering for the Oakland Public Library at the _____ (branch). Since he/she is under the age of eighteen (18), we need your permission to complete the placement. If you have no objection, please sign and return the bottom portion of this form to: _____ (branch), Oakland Public Library,

Return this portion to _____ (branch), Oakland Public Library

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 _____

Address _____

City, State, Zip Code _____

Telephone _____

Date _____

