Huntsville-Madison County Public Library
School Year Teen Volunteer Program

HMCPL will be accepting applications for school year teen volunteers at all branches beginning the **first Tuesday after Labor Day through December 31st**.

In the School Year Teen Volunteer Program, teens gain real job experience in a fun and educational environment while performing a valuable community service. Volunteers will be assisting in the Youth Services areas and will have various tasks and responsibilities. Volunteers will work no more than 4 hours per week in increments of 2 hours at a time. The number of volunteers each branch can accommodate varies. Space is limited.

REQUIREMENTS:

1. Must be 14-17 years old to apply.
2. Must have parent/guardian's permission.
3. Must have a genuine desire to volunteer (*independent of parental consent and wishes*).

APPLICATION PROCEDURE:

1. Complete this application and return it to the branch you're applying to no later **December 31st**. *You may also submit via email to teenvolunteer@hmcpl.org.*
2. After we receive your completed application, you will be contacted for an interview with your branch youth services librarian.
3. If accepted, you will be contacted to schedule your mandatory training, taking place before the start of your first shift.
4. The volunteer period will run through **May 1st**.

STUDENT VOLUNTEER GUIDELINES:

1. When you show up to volunteer sign in.
2. During your volunteer hours or when helping at any of the special events, you must wear a volunteer badge.
3. You will follow the policies and procedures of the Huntsville-Madison County Public Library.
4. When volunteering part of your job is to help the staff and possibly the public, so be prepared to be pleasant, friendly, and helpful.
5. Volunteering should be a fun experience for you, but you may not enjoy all the tasks you are asked to perform. You are welcome to tell us what activities you prefer, but you will still need to accomplish those tasks that you find less enjoyable.
6. If you need to miss your scheduled hours, please contact the library as soon as you can.

Please keep this page and only return the following pages to the library.

Huntsville-Madison County Public Library

School Year Teen Volunteer Application

Please Type or Print Legibly

Preferred Branch to Volunteer at *(list one)*: _____

Name: _____

DOB: ____/____/_____ Grade: _____ School: _____

Email: _____ Phone Number: _____

Address: _____

Parent/Guardian: _____Parent Email:_____

Parent/Guardian Phone:_____

Secondary Emergency Contact:_____

Relationship: _____Phone:_____

1. Please provide a person of reference, including their name, phone number, email address, and relationship to you. ***This is a required element of your application; please make sure this person is prepared to be contacted by the library.***

_____

2. Why would you like to volunteer at the library?

_____

_____

3. Have you done other volunteer work? Where, when, and for whom?

_____

_____

_____

4. Please list any days and times that you currently know you will NOT be available to volunteer. We will handle further scheduling during our training session should you be accepted.

_____

5. Volunteer has permission to shelve materials outside of the youth collection.
Parent or guardian must initial in blank for selected option.

_____YES _____NO

_____ has permission to participate in duties assigned as a
(volunteer's name)
volunteer for the Huntsville-Madison County Public Library.

Student Signature: _____ Date: _____

Parent or Guardian Signature:_____ Date: _____

Huntsville Madison County Public Library
Waiver and Release of Liability

1. By signing this Waiver and Release of Liability (this "Waiver"), I waive and release the Huntsville Madison County Public Library ("HMCPL"), its directors, agents, servants, employees, insurers, successors and assigns (collectively, the "Released Parties") from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my presence or involvement at any HMCPL facility or program.

This Waiver is intended to and does release the Released Parties from any and all liability for damages or injuries on account of or in any way related to or growing out of my negligence, the negligence of third parties and the Released Parties' negligence. This Waiver is not intended to release Huntsville Madison County Public Library from any liability resulting from its intentional conduct.

I further covenant and agree not to institute any claims or legal action against the Released Parties for any claim released by this Waiver. I further agree that should any claim be made against the Released Parties in contravention of this Waiver, including but not limited to derivative claims, I will protect, defend and completely indemnify the Released Parties for any such claim and expenses including attorney's fees and costs incurred by the Released Parties in defending themselves or securing indemnity hereunder.

2. I understand that the Released Parties are not responsible for any lost, stolen, or damaged valuables or property.

3. I acknowledge that I have received and read a copy of the HMCPL Volunteer Guidelines. I agree that I will fully comply with all rules and regulations and with any amendments.

4. I hereby give HMCPL the unqualified right to photograph me during my work as a volunteer and to put the finished pictures in media pages published by HMCPL. I understand that these pictures may be used in instructional settings. I understand that no names of subjects will be published without prior permission.

I have fully read this Waiver and understand that by signing the Waiver I have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue the Released Parties. Further, I understand the Released Parties are entitled to indemnity from me for any costs the Released Parties incur because a claim or legal action is brought in violation of this Waiver.

I am signing this Agreement freely, voluntarily and competently and am at least nineteen (19) years of age.

Name (please print)_____

Signature _____ Date _____

OR

I am the parent or guardian of the volunteer named below and I am signing this Agreement freely, voluntarily and competently on their behalf:

Name of Volunteer (please print)_____

Name of parent or guardian (please print) _____

Signature of parent or guardian_____Date_____