



Austin Public Library
 800 Guadalupe, P.O. Box 2287, Austin, Texas 78768-2287
 Telephone 512 974-7300

Youth Volunteer Application

I. Personal Information

Date _____

Name _____
Last First Middle Date of Birth

Address _____
Street City State Zip

Parent or Guardian _____ Relationship _____

Telephone _____ Telephone _____
Home Parent/Guardian

Fax Number/E-Mail Address _____

II. Employment Information

Are you currently employed? _____ If so, where? _____

Describe your duties _____

Other employment experience (briefly describe) _____

III. Education Information

Are you currently attending school? _____

Name of school _____ Grade _____

Are you involved in extra-curricular activities? _____ If so, please list _____

IV. Volunteer Information

Are you volunteering to fulfill a community service requirement? _____

Who is requiring the community service? _____

Reason you were required to complete community service _____

Number of hours you have to complete? _____ Deadline _____

Have you ever volunteered anywhere before? _____ If so, where? _____

What were your duties? _____

How did you hear about the Library's volunteer program? _____

Why do you want to volunteer at the library? _____

Describe your skills, abilities, interests, and/or hobbies _____

Do you **currently** volunteer for any other organizations? _____

V. Schedule Information

Please list at least 3 locations where you could volunteer:

1) _____ 2) _____ 3) _____

I AM AVAILABLE FOR VOLUNTEER SERVICE:
(CHECK ALL TIMES THAT APPLY)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (9am-1pm)							
Afternoon (1pm-5pm)							
Evening (5pm-9pm)							

VI. Reference Information

Please list a personal reference that we can contact:

Name _____ Relationship _____

Telephone _____
Home Business Cellular or Other

If you are currently employed, please list an employment reference we can contact:

Name _____ Relationship _____

Telephone _____
Home Business Cellular or Other

VII. Emergency Contact Information

Person(s) to contact in case of emergency _____

Telephone _____
Home Business Cellular or other

VIII. Liability / Confidentiality Waivers and Parental Consent

I, _____, as parent/guardian of _____, do hereby release and hold harmless the Austin Public Library and agree to indemnify and hold harmless the City of Austin from any and all liability, claims or causes of action that may arise for any accidents, injuries or illnesses that may occur to my child from his/her participation in the volunteer program. I waive any right of action I have against the City of Austin in consideration of my child's participation as a volunteer for the City. I also agree that the Austin Public Library has permission to use my child's photograph or videotaped image in publicity about the library system activities.

I, _____, understand that in my capacity as a City of Austin 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.

Date _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Youth Printed Name _____

Youth Signature _____

FOR VOLUNTEER OFFICE USE ONLY:

- Badge
- Volunteer Timesheets
- Lunch/Breaks
- Schedule/Punctuality
- Supervisor Contact Information
- Statement of Policies
- Youth Volunteer Guidelines
- Dress Code
- Acknowledgment Form

Data Entered	Category	Start Date
Inactive Date	Resignation Date	Reason for Resignation
Release Date		Reason for Release