



TEEN VOLUNTEER APPLICATION

Date Received _____

Contact Information

Name	
Street Address	
City, State, ZIP Code	
Phone	
Text OK?	
E-Mail Address	
T-Shirt Size	
DOB	
School	
Parent/Guardian Name	
Parent/Guardian Phone	
Parent/Guardian Email	

Availability

(mark your choices):

Morning: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday
Afternoon: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday
Evening: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

Have you volunteered at FHPL in the past? Yes No

Preferred Work Area: General Children's Programs MakerSpace



Volunteer Indemnity and Hold Harmless Agreement

The undersigned does hereby agree to fully release, indemnify, defend and hold harmless the City of Fairhope, the Fairhope Public Library and any of their officers, officials, employees, agents and the like from and against any and all liability, loss, damage, and expense of costs (including attorney's fees) arising in any way out of my volunteer activities except where such liability results from the sole negligence or willful misconduct of the City of Fairhope or the Fairhope Public Library. **Please note: The City of Fairhope and the Fairhope Public Library do not provide insurance coverage for volunteers.**

I further understand that I will not be paid for my services as a volunteer. I also understand that the Fairhope Library is a smoke-free, drug-free, and alcohol-free environment and I will not participate if under the influence of alcohol or illegal drugs.

I understand that all library users have a legal right to privacy. Any and all information pertaining to anyone's use of the Fairhope Public Library will be held as strictly confidential.

I understand that as a volunteer I am expected to be dependable and show up on time for my assigned shift or call (251-929-1465) in advance if I will not be available or will be late.

Volunteer Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Name (printed): _____ Phone: _____

*****Turn in to the Fairhope Public Library Youth Services Department*****

Office Use Only

Date Received:

Received by:

Email sent on: