



Main Library
602 West Park Avenue
Barberton, Ohio 44203

(330) 745-1194

www.barbertonlibrary.org

TEEN VOLUNTEER APPLICATION

Thank you for your interest in volunteering at the Library! General teen volunteers may be asked to perform tasks for a variety of departments within the Library. We accept volunteers on an as needed basis and volunteers may not always be needed in all departments. Teen volunteers may use this experience for graduation or to include on applications.

Please fill out all of the required sections on the form below to be considered for this unpaid volunteer position. If you have any questions or require additional information, please contact the Library at 330-745-1194 and ask for Teen Services Librarian, Sarah Granville. She can also be reached at sarah.granville@barbertonlibrary.org

Today's Date: _____

Full Name: _____

Preferred Name (Optional): _____

Pronouns (Optional): _____

Current grade (or grade entering in fall): _____

Birth Date: _____

School attending: _____

Contact Information

Phone: _____

Email: _____

Address: _____

City & Zip: _____

Volunteer Hours Information

I need volunteer hours for: Graduation A School Club

Other (please explain): _____

How many volunteer hours are required? _____

What date must they be completed? _____

Were you referred by someone? _____ If yes, please state who referred you: _____

Publicity Release

I hereby grant permission to the Barberton Public Library to use photographs or videos of me (or my child) taken while volunteering in publications, news releases, online, and in other communications related to the Library. Furthermore, I understand that no fee or other compensation shall be payable to me by reason of such use.

☐ Yes, I/we GRANT permission.

Volunteer Signature: _____ Date: _____

☐ No, I/we DO NOT grant permission.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Phone Number: _____

Work Number: _____

Address: _____

☐ Primary emergency contact.

Parent/Guardian Name: _____

Phone Number: _____

Work Number: _____

Address: _____

☐ Primary emergency contact.

Emergency Contact Information (If different than parent/guardian or provide additional contact)

Name: _____

Phone: _____

Relationship: _____

Other form of contact: _____

Parental Permission

Dear Parent or Guardian: We appreciate your child’s interest in volunteering at the Library! By returning this application, your child is applying for an unpaid volunteer position at the Barberton Public Library. All of our volunteers are assigned specific duties which are appropriate to their ages and abilities, with training provided by paid staff members.

Please sign below if you give permission for your child to volunteer at the Barberton Public Library.

I, _____ grant my permission for my child, _____, to volunteer at the Barberton Public Library.

Parent/Guardian Signature: _____

Date: _____

Medical Consent

In the case of an emergency situation while your child is under the Barberton Public Library’s supervision, please fill out the following information. **The Parent/Guardian is responsible for updating this information as needed. Any medical information provided is confidential and will be treated as such at the Barberton Public Library.**

In an emergency situation where I or other emergency contacts cannot be reached, I, _____, the parent/guardian of the _____

☐ GRANT permission to the Barberton Public Library to seek medical treatment for my child.

☐ Do NOT grant permission to the Barberton Public Library to seek medical treatment for my child. The Library must be in contact with me before proceeding.

Please share any information you would want us to provide to emergency first responders:

Parent/Guardian Signature: _____

Date: _____