



Lawrence Public Library VolunTeen Agreement

I understand that the library relies on its VolunTeens. As a participant in this volunteer program I will have certain responsibilities, and I agree to the following requirements of the program:

I agree to arrive on time for all of my scheduled shifts.

I agree to notify my supervisor in advance if I cannot work one of my shifts.

I agree to dress cleanly, neatly and appropriately.

I agree to wear a VolunTEEN badge at all times while I am working.

I agree to stay on task and complete my assigned job to the best of my ability.

I agree to ask questions if I need help.

I agree to handle Library materials, furnishings, and equipment with care.

I agree to treat my fellow volunteers, the Library staff, and the Library patrons with courtesy and respect.

Please be aware that if you are unable to meet these requirements we may need to end your participation in the VolunTeen program.

VolunTEEN Signature _____ Date _____

Parent's Signature _____ Date _____

Library Supervisor Signature _____ Date _____

If you are accepted into the VolunTeen program we will make a copy of this signed agreement and return it to you for your records.



Consent of Parents/Legal Guardians

As the parent/legal guardian of _____ (a minor), I hereby consent to and approve of _____'s participation in the ongoing program/activity entitled **VolunTeens**.

Dated this ____ day of _____, 20__

Parent/Legal Guardian Signature

Parent/Legal Guardian Release and Indemnity Agreement

Inasmuch as _____ is under age 18, I, as parent/legal guardian of _____ hereby release and discharge the Lawrence Public Library and its directors, officers, employees, and agents from any and all claims, causes of action, losses, or other damages resulting from, arising out of, or relating in any way to the participation of _____ in the program/activity.

I agree to indemnify the Lawrence Public Library and its directors, officers, employees, and agents and save them harmless from any losses, damages, or claims which they may have to pay in connection with the participation of _____ in the program/activity.

Dated this ____ day of _____, 20__.

Parent/Legal Guardian Signature

Emergency contact number(s) _____

If you have any questions about this application or the Lawrence Public Library VolunTEEN program please contact Erica Segraves, Teen Services Librarian, at 843-3833 ext 138, or by email at esegraves@lawrencepubliclibrary.org.