



Grinton I. Will Library

VolunTeen Application

Teens 12-19

Name: _____ Date: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

School: _____ Age: _____ Grade: _____

Why are you interested in volunteering at the Library? (Check all that apply)

Work Experience School Service Hours (# of hours required) _____

Give back to the community

Other: _____

Availability – When are you able to volunteer?

Weekdays after school between 3-5 pm: (Check all that apply)

Monday Tuesday Wednesday Thursday Friday

Weekends (Check): Saturday Morning 10-noon Afternoon 1-3

During the Summer: Yes No

Computer Skills: _____

Emergency Information:

Person to contact in an emergency: _____

Relationship to you: _____

Home Phone: _____ Cell: _____

Signature

Date



VOLUNTEER WAIVER, RELEASE AND INDEMNITY

Name of Volunteer (please print): _____

Address: _____

_____ Phone: _____

Volunteer Activity and Location: _____

I, the undersigned volunteer, desire and agree to volunteer for the Yonkers Public Library (the "Library") in the activity described above. I further understand and agree as follows: I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the Library and the Library will not provide insurance coverage for me.

I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this activity.

I assume all risks of participating in this activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that the Library is not responsible for conditions that I create myself or those created by other volunteers or participants.

I, binding my heirs, executors, administrators and assigns, hereby agree to release, hold harmless and indemnify the Library, the City of Yonkers, its officers, elected officials, employees, agents and volunteers from and against any and all loss, damage, expense or cost (including attorneys' fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of or in connection with my participation in this activity.

I hereby grant the Library permission to publish my image including any photographs or videos thereof, for the limited non-commercial use of promoting the Library on the Library's website, other social media outlets, print and television media.

I (and parent/legal guardian if volunteer is under age 18) have carefully read this release and understand and agree with all of its terms and conditions.

Signature of Volunteer or of Parent/legal Guardian Date (if volunteer is under age 18)

Print Name: _____ Date: _____