



111 West Second Street, Moorestown, NJ 08057
Phone: 856-234-0333

Teen Volunteer Form

If you are a teen age 13-17, consider making a difference in your community by volunteering at the Moorestown Library. Please complete the application and return to the Children's Reference Desk.

First Name: _____

Last Name: _____

Library Card Number: _____

Email: _____

Phone: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Grade: _____ **Age:** _____ **School:** _____

1. Why do you want to volunteer at the Moorestown Library?

2. What is your availability?



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Library Interests (check all that apply):

- Summer Reading Volunteer:** Listen to children report on books in the Summer Reading program.
- Shelf Reader:** Choose a section of the library and make sure everything is in order and labeled properly.
- Create a How-To Video:** Create a short video for the library's How-To Page.
- Create a Book Talk Video:** Make a video describing a book you'd like to recommend to other teen readers.
- Program Volunteer:** Create and present a student-led program.

If you selected Program Volunteer, please describe your idea for a student-led library program.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Student Signature: _____ **Date:** _____

Parent Permission Required for Volunteers under 18

As parent/guardian signed below, I hereby release Moorestown Library and Moorestown Township, and their employees, from any and all liability which may arise as a result of volunteering at the Moorestown Library. He/she has my full permission to participate in the library's volunteer program and I waive any claim for damages to his/her property and assume all the risks of such participation.

Parent/Guardian (print) : _____

Relationship to volunteer: _____ **Phone:** _____

Email: _____

Parent/Guardian Signature: _____

Date: _____

- The Moorestown Library has permission to use my child's photograph, videotaped image, or creative works in publicity, social media, and/or displays.***