



7111 Talbert Avenue, Huntington Beach, California 92648

Volunteer Application – Youth

Name _____	Date _____
Street Address _____	City _____
Zip Code _____	Email Address _____
Home Phone _____	Cell Phone _____

**Attended Orientation**

How did you hear about the volunteer opportunities at the library? Walk-in \_\_\_\_\_  
VolunteerMatch \_\_\_\_\_ Library Website \_\_\_\_\_ City Website or Sands \_\_\_\_\_  
Other \_\_\_\_\_

Describe previous volunteer experience: \_\_\_\_\_  
\_\_\_\_\_

List special training, skills or certifications: \_\_\_\_\_  
\_\_\_\_\_

What interests you about volunteering at the Huntington Beach Public Library? \_\_\_\_\_  
\_\_\_\_\_

What are you looking to gain from volunteering? \_\_\_\_\_  
\_\_\_\_\_

Health limitations/restrictions: \_\_\_\_\_

**Please Note:**

- If you are interested in volunteering with Summer Reading Program you will need to reapply starting May 1.
- All teen volunteers are responsible for recording their own hours; otherwise they will not be given credit.
- *When a teen volunteer becomes 18 years old he/she must complete a new application and get a background check to continue volunteering in the Children’s Library or at a Branch. There will be cost associated with this process.*

Continue on backside

**Emergency contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**MUST BE COMPLETED PRIOR TO BEGINNING VOLUNTEER ASSIGNMENT**

I hereby acknowledge and give permission for the minor named on this application to participate in the Teen Volunteer Program at the Huntington Beach Public Library.

Permission is granted to the Branch(es) selected:

Central \_\_\_\_\_ Main Street \_\_\_\_\_ Oak View \_\_\_\_\_ Murphy \_\_\_\_\_ Banning \_\_\_\_\_

I am aware that volunteers do their assignment independently and are not supervised by staff. I do hereby indemnify and hold harmless the City of Huntington Beach, its employees, volunteers or agents from any liability for accidents, injuries or illness that may occur to the applicant from his or her participation in the Teen Volunteer Program.

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number of Parent/Legal Guardian

**FOR OAK VIEW BRANCH ONLY:**

Number of hours you would like to volunteer per week: \_\_\_\_\_

Days and times of availability: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_

Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

Thank you for your interest in volunteering for the Huntington Beach Public Library. If you have questions, please contact the Volunteer Services Coordinator at (714) 375-5114.

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**(For office use only)**

\_\_\_\_\_  
Initials \_\_\_\_\_ Date \_\_\_\_\_