Teen Volunteer Council

****Students in grades 6-12 may apply****

Return to: Jessica Schwartz, Louisville Public Library, 951 Spruce Street, Louisville, CO 80027

Or email: jschwartz@louisvilleco.gov

Name: _____

Preferred Pronouns_____

Email: _____

Address: _____

City: _____State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Which way would you prefer the library to contact you? (Check one)

Text _____ Email _____

School: _____ Age: ____ Grade: ____

Parent/guardian's name:_____

In case of emergency, contact phone # for parent/guardian:_____

Parent/guardian's email: _____

Please tell us about yourself:

I want to be on the Teen Volunteer Council because...

_____

_____

_____

_____

Please provide one idea for a fun program or event we could host at the library for kids or teens:

_____

_____

_____

Some of my favorite books are….

_____

_____

Please list a few of your hobbies.

_____

_____

(Turn over and complete page 2 on the back of this sheet)

Applicant: please initial the following statements and sign below:

_____ I am able to attend the majority of the TVC's meetings, and if I need miss a meeting, I will contact Jessica Schwartz in advance at jschwartz@louisvilleco.gov or 303-335-4844.

_____ I agree to participate in meetings and events with enthusiasm and to the best of my ability.

_____ I agree to treat other TVC members with respect.

_____ I will adhere to the library's volunteer guidelines and will model appropriate behavior in the library.

Parent/guardian: please initial the following statements and sign below:

_____ I will encourage my teen to be a reliable, responsible Teen Volunteer Council member.

_____ I give the Louisville Public Library permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the Library with respect to copyright ownership and publication, including any claim for compensation related to the use of the materials. Please initial this Photo Release Statement only if you approve.

Signature of volunteer: _____ Date:_____

Signature of parent/guardian: _____ Date:_____