

## **Library Company of Burlington**

23 West Union Street Burlington, NJ 08016 (609) 386-1273

## **Volunteer Application**

\*Teen Volunteers must be at least13 years old\*

Name:				Ag	ge:	
Address:						
City:			State:	Zip:		
Phone:		Alter	Alternate phone or cell:			
E-mail address:						
Emergency Con	tact:		Phone:			
I	Days you are a	vailable to volunt	eer: (please circ	le one or more	e)	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
-	-	th with a 6 month o				
Is this communi	ty service? No	Yes Cour	t Ordered Ot	her:		
		Organization				
Hobbies and Int	erests:					
If applicable, na	me of school, gr	rade, and activities	:			



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I understand that I am not entering into an employment relationship with the Library Company of Burlington and that I am not entitled to receive a salary or any employee benefits, including workers' compensation or personal vehicle insurance. I understand that either the Library or I may terminate this volunteer relationship at any time without notice. I understand that I have an obligation to respect the confidentiality of any sensitive information, that I will not disclose any such information and that my obligation of confidentiality continues into perpetuity. I certify that the information on this application is complete to the best of my knowledge.

Applicant's Signature:	Date:		
I hereby give permission for my teen to volunt	teer at the Library Company of Burlington.		
Parent's Signature:	Date:		
If applicant is under 18			
************	*************		
For Library Staff Use Only:			
Date Application Received			
Interview scheduled for	by		
Placement:			