

\*For Grades 6 -12

Please return applications to the  
Children's Desk at Oxford Library or  
email them to Miss Sarah at  
sbeyer@ccls.org

## Oxford Library Teen Volunteer Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

EMAIL ADDRESS (Required): \_\_\_\_\_

**VOLUNTEER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

RELATIONSHIP TO VOLUNTEER: \_\_\_\_\_

PARENT/GUARDIAN PHONE #: \_\_\_\_\_

**By signing this form, I acknowledge that:**

-I am the legal parent or guardian of \_\_\_\_\_

-The Children's Librarian has the right to revoke volunteer hours or dismiss volunteers if they are causing harmful or disruptive behavior, consistently fail to show up to volunteer times they have signed up for, or send in unacceptable virtual content as determined by the description of the task.

-I grant Oxford Library the use of the photos or video my child may send in on social media platforms such as Facebook, YouTube, Instagram, and others.

-I grant Oxford Library the permission to edit, alter, or distribute these photos or videos for advertising purposes and marketing.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_