

**Questions about volunteering? Contact:**

Warrenton central library: Jennifer Diamonti, 422-8516

Bealeton branch library: Julia Rummell, 422-8535

John Marshall branch library: Deborah Cosby, 422-8527

# Teen Volunteer Application

Teens age 13 and up are encouraged to volunteer during the summer reading program. Being a teen volunteer is a fun way to get involved at the library and gain some work experience in a really great environment. Volunteers will be contacted with dates and times for an interview, if selected. Please complete this volunteer application and return it to the library.

Name		Today's Date	
Address		Birth Date	
Your email		Your Cell #	
Parent email		Parent Phone	

Have you volunteered for the library? If yes, please tell us when. \_\_\_\_\_

Do you have volunteer experience with other organizations? If yes, with whom? \_\_\_\_\_

Why are you interested in being a teen volunteer? \_\_\_\_\_

Please list any talents/interests that we should know about (Don't be shy!) Are you crafty? Detail oriented? Good with technology? \_\_\_\_\_

What is your preferred library location? \_\_\_ Warrenton \_\_\_ Bealeton \_\_\_ John Marshall

List any times/dates you are not available in June and July (vacations, camps, etc.).  
\_\_\_\_\_

If under 18, parent's signature required here: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Optional: If we photograph you, may we use your picture (no last names or other personal information will be used) in promotional materials and on the library's website? If you agree, read and sign below:

I, the undersigned, do hereby give and grant permission, in perpetuity, to the Fauquier County Public Library Board of Trustees (hereafter, FCPLB), to use in such manner as it may deem desirable, my appearance in any photographs. I understand that those photographs may be edited and used in whole or part in any manner of media, including but not limited to, newsprint, magazines, television and the Internet. Further, FCPLB shall have complete ownership of the photographs and shall have the exclusive right to make use of such photographs as it deems appropriate. I understand that I am to receive no compensation for my appearance in any photograph, or as a result of any use of the photograph by FCPLB. I further give and grant to FCPLB the right to use my name, likeness and biographical material in connection with its use of the photographs.

Signature \_\_\_\_\_

If under 18, parent's signature required here: \_\_\_\_\_ Date: \_\_\_\_\_