



# Northwest Regional Library System Teen Volunteer Application



PERSONAL DATA	<b>Name</b>				
	Last		First	Middle	
	<b>Address</b>				
	No. & Street		City	State	Zip Code
	<b>Telephone</b>		<b>Email Address</b>		
	<b>Date of Birth</b>				
	<b>Name of Parent or Legal Guardian</b>				
	<b>Telephone</b>		<b>Alternate Telephone</b>		
	<p>Have you ever been convicted of a crime or are you now under any current charge for a crime? If yes, explain.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Hobbies and Interests</b>				
<b>Previous Volunteer or Work Experience</b>					
<p>Physical and/or medical conditions to be taken into consideration in arranging assignments. Partial list of duties for teen volunteers include straightening shelves, putting away toys, pushing in chairs, shelving books, directing patrons to location of books, and helping with craft projects.</p>					
<b>Emergency Contact Person Name and Relationship</b>					
<b>Telephone</b>		<b>Alternate Telephone</b>			

**VOLUNTEER MUST READ, INITIAL, AND SIGN BELOW**

\_\_\_\_\_  
Initials

I understand and agree that all policies and procedures may be modified, amended, or deleted by the Bay County Board of County Commissioners / Northwest Regional Library System with or without notice to me. The policies and procedures, whether oral or written, are guidelines only and are not to be interpreted as a contract to volunteer and/or for employment, or to give me any right to continue to volunteer. My volunteer services may be terminated at the will of either me, the County, or the Library System, and may be terminated without cause and with or without notice by any party. I also understand any other arrangements, agreements, or understandings regarding the term of volunteer services are hereby canceled and superseded, and that no amendment or exceptions to this statement is valid unless in writing.

\_\_\_\_\_  
Initials

I certify that all information given on this Volunteer Application is true and correct. I understand that falsification of any information so given will prevent my selection as a volunteer or subject me to immediate dismissal from the volunteer roster. If I am approved to volunteer for the Northwest Regional Library System, I will conform to the rules and regulations of the Bay County Board of County Commissioners and the Library System.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**PARENT OR LEGAL GUARDIAN MUST READ, INITIAL, AND SIGN BELOW**

\_\_\_\_\_  
Initials

I understand and agree that all policies and procedures may be modified, amended, or deleted by the Bay County Board of County Commissioners / Northwest Regional Library System with or without notice. The policies and procedures, whether oral or written, are guidelines only and are not to be interpreted as a contract to volunteer and/or for employment, or to give any right to continue to volunteer. Volunteer services may be terminated at the will of either the volunteer, the County, or the Library System, and may be terminated without cause and with or without notice by any party. I also understand any other arrangements, agreements, or understandings regarding the term of volunteer services are hereby canceled and superseded, and that no amendment or exceptions to this statement is valid unless in writing.

\_\_\_\_\_  
Initials

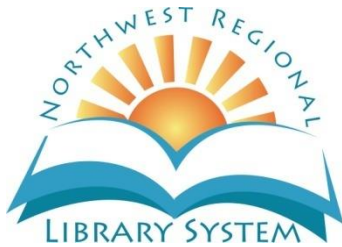
I certify that all information given on this Volunteer Application is true and correct. I understand that falsification of any information so given will prevent the volunteer's selection or subject the volunteer to immediate dismissal from the volunteer roster. If the volunteer is approved to volunteer for the Northwest Regional Library System, I understand that the volunteer must conform to the rules and regulations of the Bay County Board of County Commissioners and the Library System.

By signing below, I give my permission for my child or legal ward to volunteer at the Northwest Regional Library System.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date





**Serving Bay, Gulf, and  
Liberty Counties**

**Headquarters:  
Bay County Public Library  
898 W 11<sup>th</sup> Street  
PO Box 59625  
Panama City, FL 32412**

**Phone 850/522-2100  
Fax 850/522-2138**

**[www.nwrls.com](http://www.nwrls.com)**

**Robin Shader  
Library Director**

Dear Parent or Guardian:

Teen volunteers perform some or all of the following tasks in the library:

- Re-shelve books, audiobooks, and DVDs
- Check to make sure items on shelves are in order
- Assist younger children with craft projects

The attached Release of Liability for Minor Volunteers must be signed by you before the teen can begin volunteering at the library. If possible, the release should be signed by both parents.

Please understand that the last paragraph of the form is required language per Florida statutes.

If you have any concerns or questions about your teen volunteering at the library, please let us know. We would be happy to meet with you and provide more information on our library and volunteer program.

Sincerely,

*Sarah Burris*

Sarah Burris  
Community Relations & Marketing Coordinator





**NORTHWEST REGIONAL LIBRARY SYSTEM**  
**(A DEPARTMENT OF BAY COUNTY)**  
**RELEASE OF LIABILITY FOR MINOR VOLUNTEERS**



Name of Volunteer: \_\_\_\_\_

Department: Northwest Regional Library System

As parent(s) or legal guardian(s) of the named minor child, I/we hereby release and agree not to hold liable the Bay County Board of County Commissioners, its officers, agents, and employees from any and all claims arising from my/our child's service as a volunteer.

I/We further agree to the following:

1. That volunteers for the Bay County Board of County Commissioners have no expectation of compensation and that the Bay County Board of County Commissioners may, at any time, for whatever reason, decide to make changes in the volunteer assignment or terminate the volunteer relationship with the Bay County Board of County Commissioners. I/We understand that I/we may decide to sever my/ our child's volunteer relationship with the Bay County Board of County Commissioners at any time, and notice of such a decision should be communicated as soon as possible to a supervisor.
2. That while participating in this program, my/our child is not an agent, servant, or employee of the Bay County Board of County Commissioners, and therefore will not be covered by the Bay County Board of County Commissioners for any health, death, or disability benefits.
3. To release and hold harmless the Bay County Board of County Commissioners, its officers, agents, and employees from any and all claims, liabilities, damages, costs or expenses of any kind that may arise out of my/our child's performance as a volunteer. Further, I/we agree to indemnify and hold each of the released parties harmless against any and all liabilities, claims, damages, costs or expenses of any kind, including attorneys' fees, arising from my/our child's participation in this activity. I/We understand and agree that this Release includes any claims based on negligence. This waiver of any right of action against the Bay County Board of County Commissioners is in consideration of my/our child's ability to serve as a volunteer.
4. To abide by the policies and procedures of the Bay County Board of County Commissioners relating to the performance of duties and responsibilities assigned to my/our child.
5. That any information my/our child may gain through participation in County activities will be used only for educational purposes, except to the extent otherwise required by law.

**FLORIDA STATUTE 744.301 REQUIRES THE FOLLOWING NOTICE TO THE MINOR  
CHILD'S NATURAL GUARDIAN**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET  
YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE**

AGREEING THAT, EVEN IF BAY COUNTY USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM BAY COUNTY IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND BAY COUNTY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I/We certify that I/we have read and understood the above agreement as the terms under which my/our child will be allowed to participate as a volunteer with the Bay County Board of County Commissioners.

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date