

Date Received \_\_\_\_\_

Returning volunteer \_\_\_\_\_

## Summer Teen Volunteer Application

Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
\*must be 13 before June 1st

Emergency Contact \_\_\_\_\_  
Name Phone Relationship

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Hobbies/Activities \_\_\_\_\_

These libraries will have Summer Teen Volunteers. Check the location you wish to volunteer at:

<input type="checkbox"/> Antioch	<input type="checkbox"/> Blue Valley	<input type="checkbox"/> Cedar Roe	<input type="checkbox"/> Central
<input type="checkbox"/> Corinth	<input type="checkbox"/> Edgerton	<input type="checkbox"/> Gardner	<input type="checkbox"/> Lackman
<input type="checkbox"/> Leawood	<input type="checkbox"/> Oak Park	<input type="checkbox"/> Shawnee	

**Days/hours preferred** \_\_\_\_\_

To be considered for this program, return your application between April 1 and May 15 to the location where you want to volunteer. If you have any questions, call (913) 826-4600 and ask for the location where you want to volunteer.

I have read the Summer Teen Expectation Sheet. I understand that positions fill up quickly and submitting an application does not guarantee that I will be selected for the program.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Applications must be returned by the volunteer.**



## Summer Teen Volunteer Expectations

***Thank you for your interest in the Summer Teen Volunteer Program at the Johnson County Library. As a Volunteer, you will have the opportunity to gain job experience, learn new skills and meet new people. Please take a moment to read the expectations before applying for this volunteer position:***

### ***Expectations:***

1. Participation in the Summer Teen Volunteer Program requires that you be 13 before June 1.
2. This is a commitment for both you and your parent(s). Please talk this over with them to be sure that you have transportation to arrive on time. Both you and your parent or guardian must sign the application.
3. Be on time. If you cannot make it or will be late, notify your branch location. If you do not have specific instructions for notifying the branch, call (913) 826-4600 and ask for the Youth Department at the branch where you volunteer. If possible, we would appreciate 24 hours notice. Teen Volunteers accomplish a great deal that is necessary for the library to run well.
4. Do not bring younger siblings or friends with you when you are scheduled to volunteer.
5. Please alert your supervisor of any vacations, camps, or other summer activities that may interfere with your volunteer scheduling at the time you apply.
6. If you plan to check out books or other library materials, please look for these before or after your shift.
7. We ask that you wear casual, clean, and comfortable clothing that is modest and not ripped or torn. Shorts are fine in summer, but should be of "walking short" length. Spaghetti strap tops and tank tops are not appropriate. We do not recommend open toed shoes.
8. Remember to sign in and out on your volunteer timesheet each time you volunteer.
9. Be respectful and courteous to all patrons of the library at all times. Respect their privacy and be helpful. If you do not know the answer to a question, assist them in finding someone who does.

**Please return your completed application to a Youth Services Librarian at the library of your choice. Applications for the Summer Teen Volunteer Program will be accepted April 1<sup>st</sup> until full. Submission of an application is not a guarantee of a position.**

**Applications must be returned by the volunteer.**

**VOLUNTEER AGREEMENT TO MAINTAIN CONFIDENTIALITY  
JOHNSON COUNTY LIBRARY**

I understand and agree that all records of any kind pertaining to patrons of the Johnson County Library, including but not limited to personal, registration, circulation and check-out, financial, and library usage records, are confidential and protected from viewing and disclosure pursuant to Johnson County Library Administrative Regulation Manual (ARM) section 20-20-20, "Confidentiality of Records." All such records are referred to in this Agreement as "Patron Confidential Information."

I agree that I will not view or use Patron Confidential Information except as authorized by a library supervisor. I agree that I will view or use such information only for the purpose of performing my duties at the Johnson County Library.

I further agree that I will not directly or indirectly disclose, publish, communicate or divulge to third parties any Patron Confidential Information that I view or to which I have access. Pursuant to ARM 20-20-20, I will immediately refer inquiries made by third parties about Patron Confidential Information to a library supervisor.

I agree that if I have questions about whether certain information is Patron Confidential Information, I will immediately contact my supervisor.

I understand and agree that if I view, use, or disclose Patron Confidential Information in violation of this Agreement, I will be subject to immediate dismissal.

I have read the statements above and agree to be bound by this Agreement and applicable sections of the Administrative Regulation Manual in performing services as a volunteer of the Johnson County Library.

\_\_\_\_\_  
Volunteer signature

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

## Release to Use Photographs, Video, Audio, Name and Other Reproductions

I hereby grant to the Johnson County Library and its employees, legal representatives and assigns in the performance of their duties for Johnson County Library, the absolute right and permission to use or copyright, in its own name or otherwise, and re-use, broadcast or digitally transmit, publish, and republish photographic pictures, video, electronic images or other reproductions of me or in which I may be included, and audio recordings in which I speak or perform, in whole or in part, without restriction as to changes or alterations, in conjunction with or without my own name in color or otherwise, made through any medium, and in any and all media now or hereafter known for illustration, promotion, art, advertising, trade, including film, photographic, video, audio, electronic or digital formats or reproductions, or any other purpose whatsoever. I also consent to the use of any printed or electronic matter in conjunction therewith. The uses and rights granted herein are donated to Johnson County Library freely and without financial consideration as a public service. To the extent that I have participated in a performance of any kind, which is defined herein to include but not be limited to a reading or discussion of my writing, I waive any right to claim a performance fee for the broadcast or rebroadcast of an audio or video recording of such performance. I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Johnson County Library, its employees, departments, legal representatives and assigns, and all persons acting under this Release, from any liability for such use, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in such use or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of legal age and have the right to contract in my own name or I am the parent or legal guardian of the subject for whom this Release is granted. I have read the above Release, prior to its execution, and I am fully familiar with and understand the contents thereof. This Release shall be binding upon me and my heirs, legal representatives, and assigns.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of other person for whom Release is given (if applicable): \_\_\_\_\_

Relationship of such person to signer: \_\_\_\_\_

**This release affects your legal rights.  
If not understood, please consult your own legal counsel.**

*For JCL Staff*

Title & location of event:

Description of photograph(s) and other media associated with release (please use the back of page as needed):