



**BERLIN-PECK MEMORIAL LIBRARY  
TEEN TEAM APPLICATION  
Please fill out both sides.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (in Sept.): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

**Please check the days and times you CAN work:**

Once the final schedule is made, if you need to change your hours it is your responsibility to inform us 24 hours in advance so we can ask another volunteer to work.

Monday: \_\_\_Morning \_\_\_Afternoon \_\_\_Evening

Tuesday: \_\_\_Morning \_\_\_Afternoon \_\_\_Evening

Wednesday: \_\_\_Morning \_\_\_Afternoon \_\_\_Evening

Thursday: \_\_\_Morning \_\_\_Afternoon \_\_\_Evening

Friday: \_\_\_Morning \_\_\_Afternoon

Saturday: \_\_\_Morning \_\_\_Afternoon

**If there are specific hours you can work please write them below (e.g., Mondays from 10-1):**

**Please let us know when you CANNOT work:**

Going on vacation or to camp any time between June 25 and August 10? Please let us know those dates so we do not schedule you to work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your skills, knowledge and experience you think may be useful to the library:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you need credit for this volunteer work with school or some other organization?** \_\_\_\_\_

**Is there a specific amount of time you will be volunteering for?** \_\_\_\_\_

**Please remember:** This is a job! We depend on you to be here and perform your duties as assigned. Please be respectful towards others and call us if you will be late or cannot make a scheduled date. The Berlin-Peck Memorial Library reserves the right to remove any member from the Teen Team who does not follow these guidelines. Teen Team volunteers are expected to abide by the rules outlined in the library policies and make all arrangements through Jennifer Needham (jneedham@berlinpeck.org) or Alyssa Skorski (askorski@berlinpeck.org). We can also be reached by phone at (860) 828-7125.

## **Hold Harmless Agreement**

I release, hold harmless, for myself and for my heirs, assigns, successors, executors, administrators, and legal representatives, agree that I will not sue the Town of Berlin, or its agents, servants, or employees, from or regarding any injury or loss to person or property, including wrongful death or emotional injury, that I may sustain while performing volunteer work for the Town of Berlin, even if such injury or loss was caused by the negligence of the Town of Berlin or its agents, servants or employees.

I do understand that if I am injured while performing assigned work I will report it immediately, but as I am not an employee of the Town of Berlin I have no right to claim a worker's compensation injury. Further, that I will be responsible for any medical bills should I become injured. I also know that if I am given a task and I am not familiar with a piece of equipment that I will ask for training in its use, or, that I can decline to use the piece of equipment, such as a power tool. By my use of the tool I state that I know how to use it safely and properly.

### **Agreement of Applicant**

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(Printed Name)

### **Agreement of Parent or Guardian**

(if applicant under the age of 18)

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(Printed name)