



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

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

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

Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

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

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

**Once we receive your completed application, we will contact you! We use a simple online signup form called SignUp Genius to have you sign up for available shifts.**

**We will email you the link to the form when we have shifts available!**

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

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

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**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. Questions? Email Jennifer Needham at [jneedham@berlinpeck.org](mailto:jneedham@berlinpeck.org) or call (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)