



Junior Volunteer Application (12 –16 years of age)

What Volunteer position are you applying for? _____

Junior Volunteers will be asked to do a variety of duties to support daily library functions. A knowledge of alphabetizing and some knowledge of the Dewey Decimal system is preferred. Training in alphabetical filing and the Dewey Decimal System will be provided. As a library volunteer you will be expected to push/pull heavy carts of items, to lift up to 15 pounds, and be able to perform repetitive hand, arm, and body movements. You must also be able to stoop, stretch, bend, and reach above your head, walk, climb stairs or use step stools, and sit or stand for long periods of time. Volunteers may come into contact with, and must be able to graciously tolerate, odorous individuals/materials including but not limited to pet odors, mold, allergens, body odor, cigarette smoke, and other possibly offensive smells. Volunteers are expected to be dependable, responsible, regular and timely in attendance. If you anticipate being absent or late, please call so we can schedule a replacement if needed.

Please print clearly.

Name: _____ Age: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Email: _____ Total Hours per week desired: _____

When are you available? _____

Education, Special Skills & Interests: _____

Do you have any conditions or physical limitations that will require special arrangements or that would restrict the activities or tasks you could perform? YES NO (if yes, please explain) _____

I have read the job description and believe I can perform all required duties. I understand that submission of this application does not necessarily mean that I will be accepted, and that if I am accepted, my volunteering will be at will, and either I or Herman Brown Free Library may terminate my volunteering at any time, with or without cause or notice.

Signature: _____ Date: _____

Name of Parent/Guardian _____ Phone number: (____) _____

*Signature of Parent/Guardian: _____ Date: _____

**Required for all Jr. Volunteers*



Junior Volunteer Emergency Contacts and Agreement

Who do we notify in case of an emergency?

Primary Contact:

Name: _____ Relationship: _____

Phone: _____ Secondary Phone: _____

Address: _____ City, State _____ Zip _____

Secondary Contact:

Name: _____ Relationship: _____

Phone: _____ Secondary Phone: _____

Address: _____ City, State _____ Zip _____

I _____, do hereby agree to indemnify and hold harmless the Herman Brown Free Library and the County of Burnet from any and all claims or causes of action that may arise out of the performance of my assigned duties. I waive any right of action I have against Burnet County in consideration of my participation as a volunteer for the Herman Brown Free Library.

I also understand that in my capacity as a Herman Brown Free Library volunteer, I may come into contact with confidential information. I agree to protect this information and not to divulge while serving as a volunteer or after my service has ended.

Signature _____ Date: _____

Name of Parent/Guardian _____ Relationship: _____

Signature of Parent/Guardian _____ Date: _____