



# Application

Date \_\_\_\_\_

You must be between the ages of 13-18 to be a teensReach volunteer. Completion of a volunteer application does not guarantee placement or engagement as a Library volunteer. Qualified volunteer applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, non-job related medical condition or disability.

Please print all information clearly in ink

Last Name		First Name		Middle
Street Address		Apt #	City	State Zip
Home Phone		Cell Phone		Work Phone
E-mail _____			Date of Birth _____	
Emergency Contact Name _____			Relationship _____	
Address _____		City _____	State _____	Zip _____
Home Phone _____	Work Phone _____	Ext. _____	Cell Phone _____	

What is the name of the school you currently attend? \_\_\_\_\_ Grade \_\_\_\_\_

Do you have any special talents and/or hobbies? \_\_\_\_\_

Please tell us why you are interested in joining our teensReach program:

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

I acknowledge that there is no salary or other compensation for my services as a volunteer.

I understand that during the course and scope of my volunteer services to the City, I will be covered under the City's Workers' Compensation self-insurance. I also understand and agree that my sole remedy for any injury that I may sustain during the course and scope of my volunteer services to the City, which is covered by Workers' Compensation, shall be through the City's Workers' Compensation self-insurance coverage. I waive any other right or remedy that I may have available to me for the injuries described above.

I understand that the City of San José or San José State University may photograph or videotape the events or activity in which I am (or my child is) participating. I give my permission for the City and the University to use photographs or videotape of me (or my child) for the purpose of promoting the City of San José (and/or San José State University) and its services/programs. I give my permission with the following understanding: **No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.** Permission is not required to take part in City or University events.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian (If under 18) \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent/Legal Guardian (If under 18) \_\_\_\_\_

Angie Miraflor  
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