

# Teen Ambassadors

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/year)

Phone: \_\_\_\_\_  Home  Mobile Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Name of School/Organization: \_\_\_\_\_

Hours Needed: \_\_\_\_\_ Special Events Only  Select if hours needed is less than 20.

Location Desired: (Choose Only One):  Buenaventura Lakes Branch Library  Poinciana Branch Library  
 Hart Memorial Central Library  Veterans Memorial St.Cloud Library  West Osceola Branch Library

Days Available:  Sun  Mon  Tue  Wed  Thu  Fri  Sat

## Teen Ambassador Guidelines

- Applications will be accepted in January, April, and September but **contact the Youth Services team member at your branch for details.**
- Please be aware that Teen Ambassador service is based on the individual needs of the Library.
- Teens may volunteer a maximum of two hours per day, unless otherwise requested for special functions.
- Attendance of at least one Teen Ambassador meeting a month is mandatory.
- Teen Ambassador service will be terminated after 3 no-call/no-shows.
- Carefully record your time. All Teen Ambassadors must wear an ID badge while working.
- Teen Ambassadors will be expected to conduct themselves as role models. Threatening, profane, or abusive language are grounds for disciplinary action. Problems with law enforcement will result in dismissal.
- Teen Ambassadors must keep socializing during their service hours to a minimum. Electronic devices should be turned off or on "silent". Only emergency phone calls should be taken.
- Friends and family are encouraged to visit the library to participate in programs, but please remember that the Teen Ambassadors are here to perform volunteer service and cannot serve as a responsible caregiver for younger siblings or friends.
- Teen Ambassadors may only enter "Staff Only" areas with permission from the Youth Services team member. This permission does not extend to visitors.

*I certify that I am between the ages of 13-18. I have read the above and agree to adhere to the established behavior guidelines. I understand that violation of these guidelines may result in the termination of my Teen Ambassador service, and that upon turning 19, my volunteer service must be handled through the Branch Manager.*

\_\_\_\_\_  
Teen Ambassador's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Release of Photograph and/or Name

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## ***Consent for publication of name, image, photograph, and statement.***

I give consent to Osceola Library System, LS&S, and Osceola County Board of County Commissioners to photograph me or my child, and to use photos and quotes from me or my child for promotions and publicity on the Library's website and in the Library's print collateral, including submissions to local newspapers.

The Osceola Library System, LS&S, and Osceola County Board of County Commissioners are not responsible for unauthorized duplication by third parties and have no financial commitment to me as a result of this consent and release. I expressly waive, release, and discharge the above mentioned parties from all claims, causes of actions, and demands that I or my child may have against them arising from publication of my or my child's name, likeness, or statement.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If under age 18, a parent or legal guardian must sign below.

*I hereby certify that I am the parent or legal guardian of the person named above and I give my consent on behalf of him or her.*

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Staff Use Only: Date Application Received:** \_\_\_\_\_

Date Training Provided: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_