

Date : _____

TEEN LIBRARY VOLUNTEER (TLV) Application Form



Do you need to earn community service hours? Join VPL's Teen Library Volunteers.
Assist librarians with a variety of tasks at the library and in the community.
Ask at the service desk for more details. For ages 13 – 18.

Please complete all sections of the form

Name: _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Grade/Year: _____

Name of School: _____

VPL Library Card #: _____

Personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, 1990, MFIPPA/Regulation 29. Personal information collected on these forms is used to contact program participants. After the program the forms are destroyed and non-identifying statistical information is retained. Questions regarding the collection of this information should be directed to the Director of Service Delivery. Freedom of Information Requests should be mailed to: Vaughan Public Libraries Administration Offices 900 Clark Avenue W., Thornhill, ON L4J 8C1

PHOTOGRAPHY / VIDEO PERMISSION

Persons 18 years of age and older

I _____, hereby give permission for the photograph(s)/video(s) taken at all TLV activities throughout the year to be used by Vaughan Public Libraries and/or the media in electronic or print publications, and online communication vehicles, to promote the Libraries' programs and services.

If the photograph is used in a publication, I authorize

- ☐ My full name to be used
- ☐ I do not authorize my name to be used

Signed _____

.....

Parental consent is required for photograph(s)/video(s) of persons under 18 years of age

I, _____ (*name of parent/guardian*) of (*first & last name of child*) _____, hereby give permission for the photograph(s)/video(s) taken at all TLV activities throughout the year to be used by Vaughan Public Libraries and/or the media in electronic or print publications, and online communication vehicles, to promote the Libraries' programs and services.

If the photograph is used in a publication,

- ☐ I authorize my son or daughter's full name to be used
- ☐ I do not authorize my son or daughter's name to be used

Signed _____