



Teen Ambassadors

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 Poinciana Branch

Hart Memorial Central St. Cloud Branch West Osceola Branch

Days Available: Sun Mon Tue Wed Thu Fri Sat

Teen Ambassador Code of Conduct

- Please be aware that Teen Ambassador service is based on the individual needs of the Library.
- 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 Specialist. This permission does not extend to visitors.

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.

Teen Ambassador's Signature

Date

Parent's Signature

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Staff Use Only: Date Application Received: _____ Date Training Provided: _____ Start Date: _____ End Date: _____



Teen Ambassadors

Release of Photograph and/or Name

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

I give consent to Osceola Library System, LSSI, 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, LSSI, 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:** _____