

ADULT SERVICES 2017-2018 TEEN VOLUNTEER APPLICATION

The Adult Services Volunteer Program accepts applications for students entering grades 9-12 to shelve library materials. Prospective volunteers will receive a call or email at a later date to schedule an orientation and a shift.

For library use only

Date & Time Rcvd _____

Rcvd by _____

Orientation Date _____

Please PRINT

NAME _____ PHONE (HOME) _____ (CELL) _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ SCHOOL _____ GRADE (in fall) _____

Are you volunteering for: ☐ school requirements or ☐ fun or ☐ other _____

NOTE: The library does not accept court-appointed community service requests.

How many hours do you need to volunteer? (Minimum of **20 hours** required) _____

What is the deadline for completing these hours? (MM/YYYY) _____

TYPICAL VOLUNTEER DUTIES

- Re-shelving materials including paperbacks, videos/DVDs, CD's, etc.
- Straightening materials like newspapers & magazines
- Cleaning books & organizing shelves
- Assisting with assorted projects.

GUIDELINES

- Attend volunteer orientation and volunteer assigned 2 hour shift each week.
- Inform library of absence(s) or vacations.
- Follow the library rules of conduct and volunteer contract.

Please list/explain any health concerns that the library should know about. _____

You may have a chance to earn extra hours by volunteering at library events.

Are you interested in volunteering for events? ☐ Yes ☐ No

Volunteers are scheduled to work the same 2-hour weekly shift. Note: The Library is open from 9am-5pm on Fridays and Saturdays, so evening shifts are not available. **Please mark all days you are available:**

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Please list your favorite school subjects or hobbies: _____

Please *describe* any experience you have volunteering in a library setting: _____

Explain *why* you would like to volunteer at the Library: _____

Adult Services Volunteer Contract

Please write your initials on the line next to each requirement indicating that you have read and agree to adhere to our policies. I, _____,

_____ will be punctual for all programs and meetings, and will give notice to the Library as soon as possible if a problem arises which would prevent me from attending my shift.

_____ will show respect towards library staff, peers and library customers with whom I work with.

_____ will complete the task assigned to me to the best of my ability and let a librarian know if there is a reason I cannot perform assigned tasks.

_____ will make efficient use of my time by seeking out ways in which I may help others after completion of my own responsibilities or ask to be assigned more responsibilities.

_____ will be enthusiastic about volunteering; and will dress appropriately and maintain a clean appearance.

_____ will not allow personal problems or conflicts to interfere with my job performance and interaction with other library customers, other volunteers and library staff.

I certify that all statements in this application are true and complete to the best of my knowledge. I understand that any false statements will subject me to disqualification or dismissal. I have read and initialed each item in the volunteer contract and agree to adhere to this policy.

Volunteer Signature _____ Date _____

As the Legal Guardian of the participant in the Yorba Linda Public Library Adult Services Volunteer program, I also adhere to this policy. I hereby agree to indemnify and hold harmless the City of Yorba Linda and its officers, agents, or any third parties injured by the participant or any injury in any way arising out of the participant's activities in this program.

Parent/Legal Guardian Signature _____ Date _____

Contact in case of emergency:

Name _____ Relationship _____

Day Phone _____ Evening Phone _____



CITY OF YORBA LINDA

18181 IMPERIAL HIGHWAY

CALIFORNIA 92886

YORBA LINDA PUBLIC LIBRARY

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I (We)), the undersigned, parents of _____, do hereby authorize the Yorba Linda Public Library of the City of Yorba Linda as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his judgment may deem advisable.

By signing this authorization I/we agree to indemnify and hold harmless the City of Yorba Linda and all of its officers, employees, agents and volunteers from any and all liabilities for injury to persons and/or damage to property arising out of any act or omission in connection with this authorization for consent.

This authorization is given pursuant to the provisions of Section 6910 of the California Family Code.

This authorization shall remain effective for one year until August 2018, unless sooner revoked in writing to the City of Yorba Linda.

Dated

Father

Mother

Legal Guardian