ADULT SERVICES SUMMER 2018 ADULT VOLUNTEER APPLICATION

The Adult Services Volunteer Program accepts applications for individuals 18 or older to shelve library materials. Prospective volunteers will receive a call or email at a later date to schedule a volunteer orientation Please PRINT neatly.

For library use only Date & Time Rcvd
Rcvd by Date Called
Start Date

NAME			PHONE _			
ADDRESS		CITY			ZIP	
•	G	J	rk experience or			
NOTE: The lib	rary does n	ot accept cour	<u>rt-appointed co</u>	mmunity serv	<u>rice request</u>	<u>s.</u>
How many hou	ırs do you ne	ed to voluntee	·?			
List any vacation	on dates or o	ther planned a	bsences			
You may choo	ose to staff t	he summer re	ading booth or	be a projects	s/shelving vo	olunteer
 TYPICAL VOLUNTEER DUTIES Straightening and checking the order of magazines, newspapers, books, and DVDs. Re-shelving materials including paperbacks, videos/DVDs, books, etc. Assisting with assorted projects. Please list/explain any health concerns that the library			of OVDs. Packs,	GUIDELINES Attend volunteer orientation and volunteer 2 hours per week. Inform library of absence(s) or vacation. Follow the library rules of conduct and volunteer contract		
on Fridays and	Saturdays, s	so evening shif	ts are not availa	ble. Please m	ark <u>all days</u>	open from 9am-5pm you are available:
Time Morning	Monday	Tuesday	Wednesday	Inursday	Friday	Saturday
Afternoon						
Afternoon Evening Please list any	skills you ma	ay have:				

Explain why you would like to volunteer at the Library:

Please describe any experience you have working in a library setting?

Adult Services Volunteer Contract

	write your initials on the line next to each rec ree to adhere to our policies. I,	uirement indicating that you have read				
	will be punctual for all programs and meeting as soon as possible if a problem arises which my duties.					
	will show respect towards my leaders, peer	s and library customers with whom I work				
	will complete the task assigned to me to the	e best of my ability.				
	will make efficient use of my time by seeking others after completion of my own responsible.	• • • • • • • • • • • • • • • • • • • •				
	will be enthusiastic about volunteering; and will dress appropriately and maintain a clean appearance.					
	will not allow personal problems or conflicts and interaction with other library customers,	• • • • • • • • • • • • • • • • • • • •				
knowled dismiss	that all statements in this application are trud dge. I understand that any false statements val. I have read and initialed each item in the to this policy.	vill subject me to disqualification or				
Volunte	er Signature	Date				
Contact	in case of emergency:					
Name _		Relationship				
Day Pho	one Evening	Phone				

PHOTO/VIDEO RELEASE FORM Yorba Linda Public Library

PHOTO/VIDEO RELEASE- THE CITY OF YORBA LINDA may take, use and publish photos, videos, and/or audio recordings of participants for publicity purposes. I hereby grant the City permission to use my, or my child's, likeness, name, voice and words in any broadcast, telecast, print or digital/social media account free of charge. IF THE PARTICIPANT IS A MINOR I hereby warrant that I am the custodial parent/legal guardian of the undersigned child, who is a minor. I CERTIFY THAT I HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE ON BEHALF OF MY HEIRS, SUCCESSORS, AND ASSIGNS AS IT APPLIES TO MYSELF AND TO ANY MINORS FOR WHOM I AM SIGNING.

I, CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AND SIGN IT VOLUNTARILY.

Name (please print) I Child's Name (if signing for minor) I Signature (Adult participant or parent/legal guardian signature)

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