

ADULT SERVICES SUMMER 2018 TEEN VOLUNTEER APPLICATION

The Adult Services Volunteer Program accepts applications for students entering grades 9-12 to work the summer reading booth or to help with projects and shelve. Prospective volunteers will receive a call or email at a later date to schedule a shift.

Orientations will be held June 4th and June 6th.

Please PRINT neatly.

For library use only

Date & Time Rcvd _____

Rcvd by _____

Date Called _____

Start Date _____

NAME _____ PHONE (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? _____

List any vacation dates or other planned absences _____

You may choose to staff the summer reading booth or be a projects/shelving volunteer

TYPICAL VOLUNTEER DUTIES

- Summer Reading Booth: Sign up and record number of books read by teens and adults and give out prizes
- Projects/Shelving: Helping with library projects and re-shelving selected materials

GUIDELINES

- Attend volunteer orientation and volunteer 2 hours per week.
- Inform library of absence(s) or vacations.
- Follow the library rules of conduct and volunteer contract.

Please check the area where you would like to volunteer: ☐ Summer Reading Booth ☐ Shelving/Projects*

If you picked Summer Reading, please pick an orientation on the next page.

**Note: Projects/Shelving opportunities are very limited.*

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: _____

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

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 I will give notice to the Library as soon as possible if a problem arises which would prevent me from performing my duties.

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

_____ will complete the task assigned to me to the best of my ability.

_____ will make efficient use of my time by seeking out ways in which I may help others after completion of my own 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 _____

Orientations

All volunteers must attend an orientation before they can volunteer at the Yorba Linda Public Library. Volunteers interested in shelving will be called at a later date for orientation. Volunteers interested in Summer Reading must pick an orientation date and time below. More orientations may be scheduled depending on the number of applications received.

☐ Monday June 4th from 5:00-6:30 pm

☐ Monday June 4th from 6:30-8:00 pm

☐ Wednesday June 6th from 4:00-5:30 pm



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 _____, 201__, unless sooner revoked in writing to the City of Yorba Linda.

Dated

Father

Mother

Legal Guardian

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

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)