

For library use only Date & Time Rcvd _____ Rcvd by _____ Date Called _____ Orientation Date _____
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ADULT SERVICES 2018-2019 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.

NAME _____ PHONE _____
 ADDRESS _____ CITY _____ ZIP _____
 EMAIL _____ Are you at least 18 years old? Yes No

Are you volunteering for: college or work experience 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

- Straightening magazines, newspapers, books, etc.
- Re-shelving materials including paperbacks, videos/DVDs, books, etc.
- Assisting with assorted projects.

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

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

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 any skills you may have:

Please *describe* any experience you have working 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 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 _____

Contact in case of emergency:

Name _____ Relationship _____

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

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