

# VOLUNTEER APPLICATION

Library Branch: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address (include city & zip code) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

What do you need these hours for? (School, court, just for fun, etc.) \_\_\_\_\_

Have you volunteered in a library before? (yes/no) If yes, what jobs have you done? \_\_\_\_\_

Special Skills: (Art, typing, computers, etc.) \_\_\_\_\_

Other volunteer experience: \_\_\_\_\_

What days are you available to volunteer? (Circle days): Mon    Tues    Wed    Thurs    Fri    Sat

Are there ANY limitations that might restrict your volunteer activities? (Yes/No) If yes, what are they? \_\_\_\_\_

Have you ever been convicted of a felony? (Yes/No) If yes, what was it for? \_\_\_\_\_

**\*\*NOTE: All volunteers may be subject to a background check. \*\***

THANK YOU FOR YOUR INTEREST IN THE LIBRARY!!

Please return this form to the library where you want to volunteer.

If you are 16 years of age or younger, you will need your parent's signature.

Date: \_\_\_\_\_

Applicant's Name (please print)

Applicant's Signature

Parent's Name (please print)

Parent's Signature

**\*\*Please note: We do not participate in any community service programs provided through area judicial courts or probation departments. Therefore, we are unable to provide any certification for having performed any such work with our facilities. \*\*** Revised 11/2020

# VOLUNTEER WAIVER

I, \_\_\_\_\_ (please print name), wish to volunteer for the  
\_\_\_\_\_ (Name of Library). By my signature below, I acknowledge that I understand that I am not subject to Worker's Compensation Insurance coverage through the state of California, County of Riverside, or Library Systems & Services,, LLC (LSS) for any injuries arising out of the performance of my volunteer duties, whether for an on-site work- related injury, personal injury or otherwise.

I understand also that, if I am injured while performing my volunteer duties for the  
\_\_\_\_\_ (Name of Library), my personal insurance will apply.

I agree that, if injured while performing my duties as a volunteer for the  
\_\_\_\_\_ (Name of Library), I will report the injury to the Library manager  
IMMEDIATELY.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date