

Volunteer
Application



188 Seaside Cir
Marina, Ca
93933
883-7573

Name: _____ Date: _____

Age: 16 and above () Below 16 ()

Address: _____ Phone (land): _____

_____ Phone (cell): _____

Library card # _____ Email: _____

Are you presently employed or in school? Yes ___ No ___ Employer or School _____

What volunteer position would you like to apply for? _____

If you have had previous experience working as a volunteer, please list the organization and type of work you did. Please use the back of this sheet for additional listings.

List the education or skills you have (typing, artwork, fundraising, storytelling, computer skills, etc.)

Which languages do you speak? _____ Read? _____ Write? _____

Days/Times that are best for you:	Mornings	Afternoons	Evenings	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Note: If you are only able to work during certain times of the year, please specify (for example: only in summer)

I would like to work on a ___ Regular/scheduled basis ___ unscheduled/on-call basis (or special events, book sales, etc...)

Why do you wish to volunteer at the Library? What do you hope to accomplish by volunteering?

References-Please list two references with phone numbers and email if possible. Use "Relationship" to indicate how you know each reference. (Employment, school, or previous volunteer references preferred.)

Name: _____ Phone: _____ email: _____

Relationship: _____

Name: _____ Phone: _____ email: _____

Relationship: _____

Person to contact in case of emergency:

Name: _____ Relationship: _____

Phone (day): _____ Phone (evening): _____

I certify that the statements made in this Volunteer Application are true and correct. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Monterey County Free Libraries from any liability for supplying such information.

I understand that the Monterey County Free Libraries reserves the right to screen volunteers, to accept or decline any applications, and to place applicants in specific locations and positions based on the needs of the Library.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.

I understand that my volunteer service may end at any time for any reason.

I understand that in the event of an accident while I am volunteering, or any health problems arising from my volunteer work, I am covered under Monterey County's "Volunteer Medical Only" coverage. I understand this policy provides medical coverage only, to a maximum of \$2500.00, with a \$100 deductible payable by the injured party.

Applicant's Signature: _____ Date: _____

If you are under 18, please have your parent or guardian check off each section that applies and sign this form.

() I understand that my child _____ will be volunteering at the _____ Library. I have read the Volunteer Handbook and understand the requirements of being a volunteer. I will help my child to maintain these rules and regulations. I understand that my child made a commitment to the library to be available _____ hours per week for _____ months.

() I give permission for my child _____ to attend and/or volunteer at after hours programs at the _____ Library. I understand that my child is not allowed to leave the building during these programs and must follow the posted or announced rules at each event. I will not hold the library responsible if my child leaves the building during the program or breaks any of the posted rules.

Signature: _____ Relationship: _____

Name of Parent _____ Phone# _____