# Watsonville Public Library Volunteer Application

**Please print clearly and complete both sides of this form.**

Completion of the volunteer program application does not guarantee placement or engagement as a City of Watsonville volunteer program participant. Qualified volunteer applicants are considered without regard to race, color, religion, gender, national origin, age, sexual orientation, marital status, and non-job related medical condition or disability. For more information please call (831) 768-3400.

Name: _____     Today's Date: _____

Address: _____     City: _____ Zip Code: _____

Primary Phone: _(____)_____     This is a ❑ Home  ❑ Work  ❑ Cell  ❑ Texts Ok

Alternate Phone:_(____)_____     This is a ❑ Home  ❑ Work  ❑ Cell  ❑ Texts Ok

Email Address:_____

Emergency Contact: (Name)_____ (Relationship)_____ (Phone)_____

## Availability & Assignment Request

Which Library would you like to volunteer at?  ❑ Main  ❑ Freedom  ❑ Either

**Please mark the days and times that you are available to volunteer:**

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------|-----------|----------|--------|----------|
| _____ | _____ | _____ | _____ | _____ | _____ |

❑ **I am an Adult Volunteer**          ❑ **I am a Student Volunteer (9th – 12th Grade)**

### Adult Volunteers, please read and mark if you are interested in any of these current volunteer opportunities:

❑ **LibraryLink**
This program brings library materials to homebound community members. *LibraryLink program requires at least a 6 month commitment of 2-4 hours a month.*

❑ **Literacy Tutor** Volunteers are trained to work one-to-one with a person who wants to learn to read or write.

❑ **Friends of the Library Volunteer**
The Friend s of the Library are seeking volunteers to help with book sales, fundraisers, and other activities in support of the library.

***These opportunities are for adult volunteers only.***

### Teen Volunteer Positions

Possible assignments may include:

● Library housekeeping (dusting, straightening and cleaning books, etc.)

● Clerical support and database searching

● Teen Advisory Board

● Assisting with crafts and library programs

## Related Experience

*Education:*

| Name of School | Major Course of Study | Degree/Diploma? | Date Received |
|----------------|----------------------|-----------------|---------------|
| | | | |
| | | | |

*Work/Volunteer Experience:*

| Employer/Agency Name | Position | Contact Name/Phone | Dates: | Voluntary or Paid? |
|---------------------|----------|--------------------|--------|--------------------|
| | | | | |
| | | | | |

*Do you currently hold any special certificates, licenses, or registrations (First Aid, CPR, etc.)?*

_____

_____

*Please complete both sides of this form.*

## Interests and Special Skills

What special skills, interests, or hobbies would you like to share? _____
_____

What are your goals as a volunteer?_____
_____

Do you have any special needs or restrictions? _____

Languages spoken other than English (if any): _____
_____

Do you need to complete community service hours?          ❏ Yes          ❏ **No**

Which Agency?_____          Number of Hours_____

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**Have you ever been convicted of a felony or a misdemeanor (not including minor traffic violations)?**   ❏ Yes   ❏ No
A "yes" answer is not an automatic bar from placement; however, a false statement will disqualify you.  If yes, please explain
fully.  Attach other sheets if necessary. _____
_____

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and I authorize investigation of all matters contained in this application or data pertinent to my volunteering.  I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal. I understand and agree that in the performance of voluntary services I am not a City of Watsonville employee and shall have no rights to wages or benefits and no promise, expressed or implied, of consideration for future employment agree to indemnify and hold the City of Watsonville, its employees and contractors, harmless from any and all liability for any injury that may be suffered arising out of or in any way connected with my participation in this program.  I also agree to grant full permission to the City of Watsonville to use my name and any photographs, videography, motion pictures, or recordings for any purpose whatsoever without any obligation, liability, or compensation to me.

The undersigned, in consideration of serving as a volunteer for the City of Watsonville, agrees to indemnify and hold the City, its employees and its agents harmless from any and all liability for any injury, death, loss or harm that occurs by the above named volunteer, arising out of, or in any way connected with, participation in this program. I hereby authorize and give consent to the City of Watsonville, its successors and assigns, to copyright, broadcast, publish and display all photographs and videos taken by them in which I and/or my children appear.

**Signature of Applicant:** _____ Date: _____

Signature of Parent/Legal Guardian (if under 18): _____ Date: _____

Print Name of Parent/Legal Guardian:_____

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### For Office Use Only

Application Received By: _____ Date Received: _____

Name of Supervisor: _____ Program: _____

Live Scan Appt.: _____ Date Cleared: _____

Start Date: _____ End Date: _____ Total Hours Completed: _____
Comments: _____
_____
_____
_____

Not approved ❏ Reason:_____

*Please complete both sides of this form.*                                                                  9/16