

# Adult Volunteer Application



The City of St. Helena Volunteer Waiver & Release Form must be returned with this application. No applications will be considered without the City's Waiver & Release Form. Please refer to the Library's Volunteer Handbook for expectations, requirements, & rules of the Library's Volunteer Program. **Available positions for adult volunteers may be found in the Library's volunteering page or at the front desk**

## Volunteer Program

*Those who can, do.*

*Those who can do more, volunteer.*

*-Unknown author*

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (if any) \_\_\_\_\_

### OFFICE USE ONLY:

Received date: \_\_\_\_\_

Interview date: \_\_\_\_\_

Orientation date: \_\_\_\_\_

Any other training: \_\_\_\_\_

Start date: \_\_\_\_\_

This form was updated 07/2017

### Best times to reach you:

Morning

Afternoon

Evening

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**If you were referred to us, which organization referred you?**

(Court or employer)? \_\_\_\_\_

**Education Completed:** \_\_\_\_\_ High School \_\_\_\_\_ College & Degree(s) \_\_\_\_\_

**Have you ever worked in a library before?** \_\_\_\_\_ If so, what tasks did you do?

**Please describe other work/volunteer experiences; include names of organizations and duties?**

Which **open** volunteer position(s) are you interested in? & why are you interested on this position(s)?

**Please indicate what days/times you are available to volunteer :**

\_\_\_\_\_ Mondays \_\_\_\_\_ Tuesdays \_\_\_\_\_ Wednesdays \_\_\_\_\_ Thursdays \_\_\_\_\_ Fridays \_\_\_\_\_ Saturdays

**Time available:** From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm

**Are there any limitations that may restrict your volunteering?**

**Library Waiver & Release** Please read carefully before signing. All Library volunteer applicants must turn in the City of St. Helena Volunteer Waiver & Release form with this application. No applications will be considered until both forms have been returned.

I certify that all statements made in this form are true and complete to the best of my knowledge and belief. I agree and understand any misstatement or omission of material fact on this application may be cause for forfeiture of all my rights to volunteer at SHPL. I have reviewed and understand the requirements of the SHPL Volunteer Program, its policies and the position I am applying for. I have read, understand and agree to the confidentiality requirements presented in the Adult Volunteer Handbook. SHPL reserves the right to select & retain volunteers based on the needs of the library. I am aware and understand SHPL reserves the right to investigate any criminal record history of people who may work with children. I hereby authorize the City of St. Helena and the California Department of Justice to review state and local records to determine if I have been convicted of any crimes for the limited purpose of determining whether I can engage in volunteer activities with children. In the event of an emergency, I authorize SHPL to notify my emergency contact.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_