

## APPLICATION FOR YOUTH VOLUNTEER

### APPLICANT INFORMATION:

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

School I attend: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### SKILLS AND INTERESTS

Volunteer experience: \_\_\_ Yes \_\_\_ No

Where? \_\_\_\_\_

What did you do? \_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_

\_\_\_\_\_

Reason for seeking volunteer work: \_\_\_\_\_

If you are volunteering to fulfill a community service requirement, please note the name of the organization you are working with and any reporting or record keeping requirements.

\_\_\_\_\_

\_\_\_\_\_

Physical limitations: \_\_\_\_\_

### JOB INTEREST

Please list available volunteer jobs you are interested in: \_\_\_\_\_

Available listed at [www.oregonpubliclibrary.org/support-your-library/volunteer](http://www.oregonpubliclibrary.org/support-your-library/volunteer).

How long are you committing to volunteer?

\_\_\_ 3 months \_\_\_ 6 months \_\_\_ 1 year \_\_\_ other \_\_\_\_\_

I would be interested in:

\_\_\_ Special Projects \_\_\_ Special Events

Please list availability in case volunteer jobs open:

<b>Library's Open Hours</b>	<b>Monday</b> 9 am – 8 pm	<b>Tuesday</b> 9 am – 8 pm	<b>Wednesday</b> 9 am – 8 pm	<b>Thursday</b> 9 am – 8 pm	<b>Friday</b> 9 am – 6 pm	<b>Saturday</b> 9 am – 3 pm
<b>Availability</b>						

**VOLUNTEER RELEASE FORM/STATEMENT OF RESPONSIBILITY**

I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I shall indemnify and hold harmless the Village of Oregon and the Oregon Public Library, its board and officers, agents and employees from and against all claims, demands, loss or liability of any kind or nature for any possible injury incurred during volunteer service.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Student Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT:** If volunteer is under the age of 16.

I, \_\_\_\_\_ (parent/guardian) give my permission for  
\_\_\_\_\_ to volunteer at Oregon Public Library.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Staff Use Only:**

Received application on \_\_\_\_\_  
Contacted applicant on \_\_\_\_\_  
Orientation scheduled for \_\_\_\_\_  
Assigned supervisor \_\_\_\_\_. (Email supervisor contact info.)  
Schedule \_\_\_\_\_.