

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.

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:

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

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 _____.