

# AUBURN PUBLIC LIBRARY VOLUNTEER APPLICATION

General information	NAME		BIRTHDATE
	MAILING ADDRESS		CITY/ZIP
	PHONE	EMAIL	
	PHONE	EMERGENCY CONTACT/PHONE	
	OCCUPATION		EMPLOYER

Areas of Interest	<input type="checkbox"/> Shelf Reading	<input type="checkbox"/> Computer or media lab assistant	<input type="checkbox"/> Processing new materials
	<input type="checkbox"/> dusting/straightening shelves	<input type="checkbox"/> Program assistant (Event set up and clean up)	<input type="checkbox"/> Gardening (Seasonal)
	<input type="checkbox"/> Create displays	<input type="checkbox"/> Book searching (filling requests)	<input type="checkbox"/> History room assistant
	<input type="checkbox"/> Create flyers	<input type="checkbox"/> Local history/genealogy research	<input type="checkbox"/> Book reviewing
	<input type="checkbox"/> Other _____		
	<input type="checkbox"/> Do you have special skills, interests or training you would like to share through library programs, workshops or mentoring? If so, please describe. _____		

Do you prefer

- To have a regular weekly volunteer opportunity
- To be on call for special events or projects
- To volunteer for a certain number of hours or for a specific program
- Other \_\_\_\_\_

Are you volunteering to fulfill

- School requirement
  - Total number of hours required \_\_\_\_\_ Date of completion \_\_\_\_\_
- Court-ordered community service
  - If yes, please state the nature of your offense. \_\_\_\_\_
  - Total number of hours required \_\_\_\_\_ Date of completion \_\_\_\_\_

Are you willing to submit to a criminal and/or drivers' background check if required?

What days and times are you available to volunteer? Please check all that apply.

- MONDAY  
  TUESDAY  
  WEDNESDAY  
  THURSDAY  
  FRIDAY  
  SATURDAY  
 MORNING  
  AFTERNOON  
  EVENING

**Volunteers 18 years of age and older**

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of the Auburn Public Library, I hereby agree, for myself, my heirs, assigns, executors and administrators to release, discharge, and hold harmless the City of Auburn and the Auburn Public Library, Inc., and Board of Trustees, its employees, agents, ad volunteers from all claims, demands, actions or any cause for suit arising from injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. In addition, I agree to keep confidential any patron information or Library records I may encounter. I understand that the Auburn Public Library does not provide medical coverage or other employee benefits for volunteers. If qualified for library service, I agree to abide by the rules and regulations of the Auburn Public Library.

**Volunteer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Volunteers 13-17 years of age**

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her voluntary participation with the Auburn Public Library. In connection with his/her voluntary involvement in activities undertaken for, and with the participation and support of the Auburn Public Library, I hereby agree, for myself, my heirs, assigns, executors and administrators to release, discharge, and hold harmless the City of Auburn and the Auburn Public Library, Inc., and Board of Trustees, its employees, agents, ad volunteers from all claims, demands, actions or any cause for suit arising from injuries sustained to his/her person and/or property as a result of my involvement in such activities, whether or not resulting from negligence. I hereby attest that his/her attendance and involvement in such activities is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions of this release. I understand that the Auburn Public Library does not provide medical coverage or other employee benefits for volunteers.

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If qualified for library service, I agree to abide by the rules and regulations of the Auburn Public Library.

**Volunteer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to the reference desk on the second floor. All teen volunteers (grades 7-12, ages 13-18) will take part in a training session with the teen librarian.