



Volunteer Application Form

Name _____ Date _____

Please print

Address _____
Street City Zip

E-Mail _____ Telephone _____

Emergency Contact _____ Telephone _____

Why do you want to be a Library Volunteer? _____

Mark one: Reference _____ Children's _____ Literacy _____ Circulation _____ Teens _____

Do you have any physical limitations? _____

(Library work requires substantial physical exercise)

Do you have a library card? _____

Please indicate day and time preference:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

As a volunteer of the Orange County Public Library, I agree

- To accept the supervision of the staff member assigned to me.
- To wear the identification provided to me showing my volunteer status.
- To record time worked on the time sheet provided.
- To maintain confidentiality of all information regarding use of the library by an individual, understanding this to be required by Library policy and State law.
- To dress appropriately and act courteously to patrons and employees.
- To report on time as scheduled and report to the staff member assigned to me, to notify my department ahead of time if I am not able to work, and to give notice if I am no longer going to volunteer for the library.
- To grant full permission to the Orange County Public Library to use my name and any photographs for any promotion/publicity purposes or for volunteer recognition.

I understand that I will receive no compensation or benefits for the work provided, including worker's compensation insurance.

I understand and agree that a background check and interview may be required before placement.

Please give us the names and phone numbers of two people who could give you a recommendation:

The Library reserves the right to terminate this agreement at any time.

Parental consent (if under 18): I grant permission for _____ to
work as a volunteer for the Orange County Public Library. (Child's name)

Parent/Guardian name, address, phone number

Please print

Parent signature

By your signature, you are committing to _____ hours per month for _____ months.

Volunteer signature _____