VOLUNTEER APPLICATION FORM
MERCED COUNTY LIBRARY

PERSONAL INFORMATION:

Name: ____________________________________________ __________________________ ______________

Mailing Address: ________________________________________________________________

City: ___________________________  State: ___ ___  Zip Code: __________________

Street Address if different from above: ______________________________________________________

Home Phone: (_______)________ - __________  Cell: (_______)________ - __________

E-mail Address: _______________________________________________________________________

Age (circle one): 13-15 yrs old  16-17 yrs old  18 or older

EMERGENCY CONTACT INFORMATION:

Emergency Contact Person: ____________________________________________________________

Relationship to self: ________________________________________________________________

Address: __________________________________________________________________________

City: ___________________________  State: ___ ___  Zip:_______________________________

Emergency Contact Phone Number: (_______)________ - __________

Submit a completed copy of this form at your local branch library. If your interest form matches the volunteer opportunity available, you may be contacted to complete the application process. Thank you for your interest in the Merced County Library.
AVAILABILITY AND AREAS OF INTEREST

Volunteer goals. Example: work experience, class credit, church, etc.

___________________________________________________________________________

List the library locations where you are willing to volunteer________________________

List the days you can volunteer:__________________________________________________

Hours available per week_________ Times: [ ]Mornings [ ]Afternoons[ ]Evenings

Check how frequently can you volunteer:
[ ]Daily [ ]Once a week [ ]Once a month [ ]Twice a month [ ]As needed

How many hours per day can you volunteer: _________

Check the opportunities in which you are interested:
[ ]Book shelving [ ]Book cleaning & repair [ ]Craft projects
[ ]Monthly assistance [ ]Computer assistance
[ ]Virtual reality [ ]Program or event assistance
[ ]Other specify: ____________________________________________________________

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY LIBRARY STAFF</th>
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<tbody>
<tr>
<td><strong>Departmental Information</strong></td>
</tr>
<tr>
<td>Department Volunteering For: ________________________________________________</td>
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<tr>
<td>Department Volunteer Coordinator: ____________________________________________</td>
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<tr>
<td>Brief Description of Volunteer Work: _________________________________________</td>
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<td>____________________________________________________________________</td>
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<tr>
<td>Start Date: _____________________  Approx. End Date: __________________________</td>
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VOLUNTEER RELEASE STATEMENT FORM
MERCED COUNTY LIBRARY

I, __________________________________________, hereby offer my services as a volunteer to provide services to the Merced County Library.

I recognize that I am not an employee of Merced County and that there is no contractual arrangement whatsoever between Merced County and myself.

I hereby agree to assume any and all risks entailed in my volunteer activities for the above-stated purpose and specifically release Merced County from any liability, including but not limited to injuries caused by lifting, bending, stooping, carry materials, falling books and other objects, trip and fall, injuries suffered in driving to and from work sites, etc.

______________________________________________   ________________________
SIGNATURE                                      DATE

______________________________________________
PRINT NAME
STUDENT VOLUNTEER PARENTAL APPROVAL FORM
MERCED COUNTY LIBRARY

Your son/daughter has expressed an interest in serving as a volunteer at the ______________ Branch Library. We are pleased that he/she wants to participate in our volunteer program, with your approval. If you have any questions, please feel free to call me at 209-385-7485.

Amy Taylor, Merced County Librarian.

My child, ________________________________, hereby may provide services as a volunteer to the Merced County Library.

I recognize that my child is not an employee of Merced County and that there is no contractual arrangement whatsoever between Merced County and my child.

I hereby agree to assume any and all risks entailed in my child’s volunteer activities for the above-stated purpose and specifically release Merced County from any liability, including but not limited to injuries caused by lifting, bending, stooping, carry materials, falling books and other objects, trip and fall, injuries suffered in driving to and from work sites, etc.

__________________________________________  ____________________________
PARENT’S SIGNATURE  DATE

__________________________________________  ____________________________
PARENT NAME  PARENT’S TELEPHONE

__________________________________________  ____________________________
STUDENT VOLUNTEER NAME  DATE

________________________________________________________
PARENT’S STREET ADDRESS (IF DIFFERENT FROM MINOR CHILD)

__________________________________________  ____________________________
CITY  STATE  ZIP CODE

__________________________________________
PARENT’S E-MAIL ADDRESS

1/30/2019