VOLUNTEER APPLICATION FORM
MERCED COUNTY LIBRARY

PERSONAL INFORMATION:

Name: ___________________________________________ __________________________

Last First Middle

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:

How many hours per day can you volunteer:

Check the opportunities in which you are interested:

How many hours per day can you volunteer:

[ ]Book shelving [ ]Book cleaning & repair [ ]Craft projects
[ ]Monthly assistance [ ]Computer assistance [ ]Digital Content
[ ]Virtual reality [ ]Program or event assistance
[ ]Other specify:

TO BE COMPLETED BY LIBRARY STAFF

Departmental Information

Department Volunteering For:

Department Volunteer Coordinator:

Brief Description of Volunteer Work:

Start Date: Approx. End Date:
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.

I hereby relinquish the rights to digitally created content by me. I understand that any digital content I create can be published on the Library’s website, social media accounts, or used in marketing publications and that my submission acknowledges the content thereby becomes sole property of Merced County.

__________________________________________  __________________________________________
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.

I hereby relinquish the rights to digitally created content by my child. I understand that any digital content my child creates can be published on the Library’s website, social media accounts, or used in marketing publications and that my submission acknowledges the content thereby becomes sole property of Merced County.

____________________________________________
(______)________________
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