



"Enriching Lives"

COUNTY OF LOS ANGELES PUBLIC LIBRARY
VOLUNTEER APPLICATION



Name (Ms. Miss Mrs. Mr.) _____

Address _____

City _____ Home Phone _____

Email Address: _____

Date of Birth _____ Business Phone _____

Present or Previous Jobs (Please include volunteer experience also) _____

Education, Skills, Hobbies, Activities: _____

Other Languages Known: _____

In emergency, contact: Name: _____ Day Phone _____

Address _____ Evening Phone _____

I hereby certify that all the statements made in connection with this application for a volunteer assignment are true to the best of my knowledge. I hereby authorize the County of Los Angeles Public Library to obtain a record of my criminal convictions from the California Department of Justice or any other agency that collects records of criminal convictions.

Date Signature of Applicant Signature of Interviewer

If under 18 years of age: Name of parent or guardian _____

Address _____

Phone _____

SIGNATURE of parent/guardian consenting to applicant's serving as a volunteer

FOR YOUTH APPLICANTS BETWEEN 14 AND 17 YEARS OF AGE:

I understand that obtaining criminal conviction information is a necessary part of the volunteer application process for the County of Los Angeles. Therefore, I hereby authorize the County of Los Angeles Public Library to obtain a record of my child's criminal convictions from the California Department of Justice or any other agency that collects records of criminal convictions.

SIGNATURE of parent/guardian consenting to obtaining applicant's criminal conviction record

OVER

The Volunteer must provide their own transportation.

In which library, including Library Headquarters, are you willing and able to volunteer:

It will be helpful to make regular assignments in order to set up a schedule. Volunteers are asked to commit at least 2-3 consecutive hours per week. Which day(s) and hours would you be available:

Which tasks are you interested in performing? _____

Applicant's References: As part of our selection process, it is the policy of the Public Library to check applicant's references. To assist us, please read and sign this consent statement, and list a minimum of two personal references as well as one employer (optional) below.

Consent Statement: I hereby authorize a designee of the County of Los Angeles Public library to verify any written representations made by me, concerning application to be a volunteer with the County of Los Angeles Public Library.

Further, I hold harmless any individual or firm for any information that it may provide. I understand that the designee of the County of Los Angeles Public Library may contact individuals or organizations other than those I have provided as a reference in this process. In addition, the designee of the County of Los Angeles Public Library has my consent to discuss with individuals or organizations other information which may be pertinent to my application to volunteer with the County of Los Angeles Public Library.

Applicant's Name (Please Print)

Name of Library

Applicant's Signature

Date

REFERENCES

TYPE: (Personal, Employer)

1. Name: _____

Personal or Employer (circle one)

Address: _____

Phone: () _____

City, ZIP: _____

E-mail: _____

2. Name: _____

Personal or Employer (circle one)

Address: _____

Phone: () _____

City, ZIP: _____

E-mail: _____

3. Name: _____

Personal or Employer (circle one)

Address: _____

Phone: () _____

City, ZIP: _____

E-mail: _____

VOLUNTEER PERSONAL RECORD

Last Name	First	Initial	Phone #
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No.	Street	City	Zip
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VOLUNTEER EMERGENCY NOTIFICATION (FOR VOLUNTEERS OVER 18 YEARS OF AGE)

IN CASE OF EMERGENCY NOTIFY _____ Phone # _____

Medical Insurance Coverage Provider: _____

Policy # _____ Doctor's Name _____

Address _____

No.	Street	City	Zip
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Phone # _____

Signature	Date
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VOLUNTEER EMERGENCY MEDICAL RELEASE (FOR VOLUNTEER UNDER 18 YEARS OF AGE)

IN THE EVENT OF AN EMERGENCY _____

Has my permission to receive medical treatment to be performed by qualified medical personnel.
Where possible, I would prefer treatment to be administered by:

Doctor _____

and/or the _____ hospital.

Parents/Guardian Name _____

Signature _____ Date _____

Relationship to applicant _____

Volunteer Time Sheet

COUNTY OF LOS ANGELES PUBLIC LIBRARY HEADQUARTERS
 7400 E. Imperial Hwy, Downey, CA 90242 310.940.8559

Please complete the information requested below on a daily basis to assure accuracy and timeliness. Report the totals to your Regional Office

Name (first) _____ (last) _____ Library _____ Department _____

DATE	TIME IN	TIME OUT	TOTAL HOURS

TOTAL: _____

Supervisor’s Signature: _____

COUNTY OF LOS ANGELES PUBLIC LIBRARY
VOLUNTEER AGREEMENT

I, _____, agree to volunteer my services
to the _____ Library or in the
_____ Section of the Library in the position of
_____ for _____ days a week for a total of
_____ hours each week.

I understand my schedule will be:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

I understand that if I am accepted as a Volunteer for the County of Los Angeles Public Library I will be expected to follow a mutually acceptable schedule, and to notify my supervisor promptly if I am unable to attend as scheduled. I also understand that I will be expected to perform my assigned tasks in a professional and efficient manner. The County of Los Angeles Public Library is counting on my services.

NAME

DATE AGREEMENT BEGINS

ADDRESS

DATE AGREEMENT ENDS

VOLUNTEER SUPERVISOR

TELEPHONE