



Baker County Library District  
 2400 Resort St  
 Baker City, OR 97814  
 541-523-6419

# Volunteer Application

NAME:		AGE: 12-17 <input type="checkbox"/> 18+ <input type="checkbox"/>															
MAILING ADDRESS:		ZIP:															
PHONE #1: <input type="checkbox"/> mobile	EMAIL:																
PHONE #2: <input type="checkbox"/> mobile	EMERGENCY CONTACT & PHONE:																
OCCUPATION:	EMPLOYER / REFERENCE:																
<b>(Volunteers between 12 &amp; 17 years of age and their parents must also read and sign page 2 of this form.)</b>																	
<b>Please mark the positions you are interested in:</b> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Shelving</td> <td><input type="checkbox"/> Book searching (Filling requests)</td> <td><input type="checkbox"/> Cleaning</td> </tr> <tr> <td><input type="checkbox"/> Shelf reading</td> <td><input type="checkbox"/> Friends' bookshop &amp; sales asst.</td> <td><input type="checkbox"/> Grounds keeping</td> </tr> <tr> <td><input type="checkbox"/> Checkin books &amp; videos</td> <td><input type="checkbox"/> Checking inventory</td> <td><input type="checkbox"/> Children's program assistant</td> </tr> <tr> <td><input type="checkbox"/> New material processing</td> <td><input type="checkbox"/> Weeding inventory</td> <td><input type="checkbox"/> Teen/Adult program assistant</td> </tr> <tr> <td><input type="checkbox"/> Donations processing</td> <td><input type="checkbox"/> Computer help desk</td> <td><input type="checkbox"/> Other</td> </tr> </table>			<input type="checkbox"/> Shelving	<input type="checkbox"/> Book searching (Filling requests)	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Shelf reading	<input type="checkbox"/> Friends' bookshop & sales asst.	<input type="checkbox"/> Grounds keeping	<input type="checkbox"/> Checkin books & videos	<input type="checkbox"/> Checking inventory	<input type="checkbox"/> Children's program assistant	<input type="checkbox"/> New material processing	<input type="checkbox"/> Weeding inventory	<input type="checkbox"/> Teen/Adult program assistant	<input type="checkbox"/> Donations processing	<input type="checkbox"/> Computer help desk	<input type="checkbox"/> Other
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All Library Volunteers are automatically members of the Friends of the Baker County Library after serving 10+ hours. Would you like to be contacted about Friends of the Library committee activities? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Are you willing to submit to a criminal background check if required? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
What special skills (including language ability), interests, or training do you have that might be useful?   																	
What days are you available to volunteer? Please check all that apply: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday																	
What time of day do you prefer? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Any Number of hours per week you are available to volunteer:																	
To best meet your needs, please describe any particular goals or expectations that you have regarding volunteering for Baker County Library District:     																	

**Please read and sign the back of this form.**

### **Volunteers 18 years of age and older:**

In consideration of the opportunity to volunteer with Baker County Library District, I fully and completely release Baker County Library District, its officials, and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the District. I understand that I will be covered by the District's worker's compensation insurance for any physical injuries that may occur during my volunteer activities. I acknowledge that all works created in the course of volunteer activities become the sole property of Baker County Library District except as otherwise agreed upon. I acknowledge that any photograph or videotape taken of me participating in this volunteer activity may be used for outreach, education, or documentation purposes by Baker County Library District.

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify Baker County Library District, its officials, and employees from liability for property damage and/or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Volunteers 12 through 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 participation in Baker County Library District volunteer program. I also agree to indemnify, hold harmless, and release Baker County Library District, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or videotape taken of my child/ward participating in this volunteer activity may be used for outreach, education, or documentation purposes by Baker County Library District.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Youth Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

### ***(For Library use only)***

Interview Date \_\_\_\_\_ Interviewer \_\_\_\_\_ Orientation \_\_\_\_\_ Training \_\_\_\_\_

Supervisor/Division \_\_\_\_\_

Assigned Task \_\_\_\_\_

Assigned day and time \_\_\_\_\_

Start date \_\_\_\_\_

Volunteer policy  name badge  roster  tour  time sheet log  photo

training \_\_\_\_\_ Notes: \_\_\_\_\_