AUBURN PUBLIC LIBRARY VOLUNTEER APPLICATION

General information

<table>
<thead>
<tr>
<th>NAME</th>
<th>BIRTHDATE</th>
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<tr>
<td>MAILING ADDRESS</td>
<td>CITY/ZIP</td>
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<td>PHONE</td>
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<td>PHONE</td>
<td>EMERGENCY CONTACT/PHONE</td>
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<tr>
<td>OCCUPATION</td>
<td>EMPLOYER</td>
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Areas of Interest

- Shelf Reading
- Computer or media lab assistant
- Processing new materials
- Dusting/straightening shelves
- Program assistant (Event set up and clean up)
- Gardening (Seasonal)
- Create displays
- Book searching (filling requests)
- History room assistant
- Create flyers
- Local history/genealogy research
- Book reviewing
- Other

Do you have special skills, interests or training you would like to share through library programs, workshops or mentoring? If so, please describe.

Do you prefer

- To have a regular weekly volunteer opportunity
- To be on call for special events or projects
- To volunteer for a certain number of hours or for a specific program
- Other

Are you volunteering to fulfill

- School requirement
  - Total number of hours required _______ Date of completion _________
- Court-ordered community service
  - If yes, please state the nature of your offense. ________________________________
  - Total number of hours required _______ Date of completion _________

What days and times are you available to volunteer? Please check all that apply.

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY
- SATURDAY
- MORNING
- AFTERNOON
- EVENING
Are you willing to submit to a criminal and/or drivers’ background check if required?  ___Yes  ____No

Please list any previous names by which you have been known (such as a maiden name) if any.

________________________________________

Have you ever been convicted of a crime? If so, please explain fully.

Volunteers 18 years of age and older

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of the Auburn Public Library, I hereby agree, for myself, my heirs, assigns, executors and administrators to release, discharge, and hold harmless the City of Auburn and the Auburn Public Library, Inc., and Board of Trustees, its employees, agents, ad volunteers from all claims, demands, actions or any cause for suit arising from injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. In addition, I agree to keep confidential any patron information or Library records I may encounter. I understand that the Auburn Public Library does not provide medical coverage or other employee benefits for volunteers. If qualified for library service, I agree to abide by the rules and regulations of the Auburn Public Library.

Volunteer signature: ______________________________________________  Date: ________________________

Volunteers 13-17 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 voluntary participation with the Auburn Public Library. In connection with his/her voluntary involvement in activities undertaken for, and with the participation and support of the Auburn Public Library, I hereby agree, for myself, my heirs, assigns, executors and administrators to release, discharge, and hold harmless the City of Auburn and the Auburn Public Library, Inc., and Board of Trustees, its employees, agents, ad volunteers from all claims, demands, actions or any cause for suit arising from injuries sustained to his/her person and/or property as a result of my involvement in such activities, whether or not resulting from negligence. I hereby attest that his/her attendance and involvement in such activities is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions of this release. I understand that the Auburn Public Library does not provide medical coverage or other employee benefits for volunteers.

Parent signature: ________________________________________________  Date:__________________________

If qualified for library service, I agree to abide by the rules and regulations of the Auburn Public Library.

Volunteer signature: _____________________________________________  Date:__________________________

Please return this form to the reference desk on the second floor. All teen volunteers (grades 7-12, ages 13-18) will take part in a training session with the teen librarian.