



Adult Volunteer Application

The City of St. Helena Volunteer Waiver & Release Form must be returned with this application. No applications will be considered without the City's Waiver & Release Form. Please refer to the Library's Volunteer Handbook for expectations, requirements, & rules of the Library's Volunteer Program. **Available positions for adult volunteers may be found in the Library's volunteering page or at the front desk**

Volunteer Program

Those who can, do.

Those who can do more, volunteer.

-Unknown author

First & Last Name: _____

Address: _____

Phone: _____ Email (if any) _____

OFFICE USE ONLY:

Received date: _____

Interview date: _____

Orientation date: _____

Any other training: _____

Start date: _____

This form was updated 07/2017

Best times to reach you:

___ Morning

___ Afternoon

___ Evening

Emergency Contact Name: _____

Phone: _____

If you were referred to us, which organization referred you?

(Court or employer)? _____

Education Completed: ___ High School ___ College & Degree(s) _____

Have you ever worked in a library before? _____ If so, what tasks did you do?

Please describe other work/volunteer experiences; include names of organizations and duties?

Which **open** volunteer position(s) are you interested in? & why are you interested on this position(s)?

Please indicate what days/times you are available to volunteer :

___ Mondays ___ Tuesdays ___ Wednesdays ___ Thursdays ___ Fridays ___ Saturdays

Time available: From _____ am/pm To _____ am/pm

Are there any limitations that may restrict your volunteering?

Library Waiver & Release Please read carefully before signing. All Library volunteer applicants must turn in the City of St. Helena Volunteer Waiver & Release form with this application. No applications will be considered until both forms have been returned.

I certify that all statements made in this form are true and complete to the best of my knowledge and belief. I agree and understand any misstatement or omission of material fact on this application may be cause for forfeiture of all my rights to volunteer at SHPL. I have reviewed and understand the requirements of the SHPL Volunteer Program, its policies and the position I am applying for. I have read, understand and agree to the confidentiality requirements presented in the Adult Volunteer Handbook. SHPL reserves the right to select & retain volunteers based on the needs of the library. I am aware and understand SHPL reserves the right to investigate any criminal record history of people who may work with children. I hereby authorize the City of St. Helena and the California Department of Justice to review state and local records to determine if I have been convicted of any crimes for the limited purpose of determining whether I can engage in volunteer activities with children. In the event of an emergency, I authorize SHPL to notify my emergency contact.

Signature: _____ **Date:** _____