



# Yolo County Library

## Adult Volunteer Application



I am submitting this application for the following position: \_\_\_\_\_

I would like to work at the following location(s)

Archives    Central Services    Clarksburg    Davis    Esparto    Knights Landing

West Sacramento    Winters    Town of Yolo    YoloReads Literacy Program

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City & ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Preference:  phone  email

Is volunteer service court mandated?  Yes  No   Number of hours: \_\_\_\_\_ Date Due: \_\_\_\_\_

Have you worked or volunteered in a library before?  Yes  No

If yes, what library? \_\_\_\_\_

Supervisor's name & contact: \_\_\_\_\_

Do you have any special skills you'd like to share as a volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Availability/Desired schedule:

The Library cannot guarantee that shifts will be available for your preferred times.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you know any languages besides English?

Language: \_\_\_\_\_  Speak Conversational  Speak Fluently  Read  Write

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**Experience**

Please list any work or volunteer experience that is relevant to this volunteer position, including name and contact information for your supervisor or a coworker who can serve as a reference. If you do not have work-related references, please use the “other references” section to provide at least two references from people who are not your relatives.

**Other References**

Organization:	<input type="checkbox"/> paid work <input type="checkbox"/> volunteer	Dates of Employment
Supervisor/Reference Name	Supervisor/Reference Phone or Email	
Duties		

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Name	Contact Info	Relationship

**Media Release**

I hereby grant to Yolo County the right and license to use my name, image, likeness and comments in Yolo County materials for internal and external audiences. These materials include but are not limited to advertisements, brochures, viewbooks, news releases, magazines, newspapers, newsletters, videos, websites, Facebook, and Instagram. Initial: \_\_\_\_\_

## Fingerprinting

All volunteers 18 years of age or older are required to pass a "Live Scan Fingerprint" background check. Notifications of convictions are sent to the Yolo County Human Resources by the State of California, Department of Justice, Bureau of Criminal Investigations. Additionally, subsequent arrest notifications may be obtained.

- I have read and certify that I understand that if selected, my offer of volunteer placement is contingent upon the results of a criminal history/LiveScan process, and may be rescinded if I have any convictions that are found to be disqualifying for the position. Initial: \_\_\_\_\_

## Acknowledgement and Signature

I, \_\_\_\_\_ understand and acknowledge:  
INSERT NAME

1. I am a volunteer, donating my time, services and energies to the County of Yolo as a Yolo County Library volunteer.
2. I will receive no salary, remuneration or benefits extended to employees of the County of Yolo.
3. I will be covered by worker's compensation insurance. Further, California Worker's Compensation laws provide my exclusive remedy for recovery from the County of Yolo for any injury sustained by me while participating as a volunteer.

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

Thank you for your interest in volunteering with Yolo County Library. Please return your application to your local Yolo County Library Branch

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### **For Staff Use Only - Please Do Not Write Below This Line**

Interview Date & Time: \_\_\_\_\_ Location: \_\_\_\_\_ Interviewer(s) Initials: \_\_\_\_\_

References Contacted: \_\_\_\_\_

Referred to HR for background check Date: \_\_\_\_\_

Background check passed:  Yes  No Date: \_\_\_\_\_

Position: \_\_\_\_\_

On-call (as needed)  Temporary (Less than 3 months)  Long-term (4 months or more)

Branch or Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

Hours / Schedule: \_\_\_\_\_

Supervisor / Team Leader: \_\_\_\_\_

Orientation Date & Time: \_\_\_\_\_ Location: \_\_\_\_\_

Volunteer no longer active as of date: \_\_\_\_\_

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Youth Initial:\_\_\_\_\_ Parent/Guardian Initial:\_\_\_\_\_

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3. I will be covered by worker’s compensation insurance. Further, California Worker’s Compensation laws provide my exclusive remedy for recovery from the County of Yolo for any injury sustained by me while participating as a volunteer.

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

Parent/Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_

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