



Yolo County Library

Youth Volunteer Application

For youth ages 13-17



I would like to volunteer at the following location(s):

- Archives Central Services Clarksburg Davis South Davis Montgomery
- Esparto Knights Landing West Sacramento Winters Town of Yolo

Personal Information

How would you like to be addressed: He/Him/His She/Her/Hers They/Them/Theirs Other: _____

Name: _____

Date of Birth: _____ High School Graduation Year: _____ Current Age: _____

Address: _____ City & ZIP: _____

Phone: _____ Email: _____

Contact Preference: phone email

Parent/Guardian Contact Information

Parent/Guardian Name: _____

Phone: _____ Email: _____

Motivation for Volunteering:

Are you volunteering for self-motivated reasons? (i.e. love books and libraries or career interest?) Yes No

Is this required community service for school, scouts, or another organization? Yes No

Is this a mandated community service for court, probation, or your parents? Yes No

Number of hours needed: _____ Date Due: _____

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 have any special skills you'd like to share as a volunteer? I am an artist I am a performer

I am a writer/poet I am a coder I am in robotics I am in debate I am an activist

Other skills: _____

Do you know any languages besides English?

Language: _____ Speak Conversational Speak Fluently Read Write

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Experience

Please list clubs, extra curricular activities, volunteer experience you have had.

I participated in:	I learned how to/ I enjoyed:

Do you have any hobbies? Tell us what your interests are. _____

In what way would you like to contribute your time at the library?

- Helping in the After-School Homework Help Center (school year)
- Assisting Librarian with current projects (when available)
- Assisting patrons with computers/technology
- Creating/participating in a Community Activist Project (Davis only)
- Creating Library Social Media Posts
- Shelving and Shelf Maintenance
- Creating Art for the Library
- Creating/leading youth programs
- Creating/leading a teen club

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.

Youth Initial:_____ Parent/Guardian 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.

Youth Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

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

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

Interview Date & Time:_____ Location:_____ Interviewer(s) Initials:_____

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:_____



VOLUNTEER APPLICANT INFORMATION

Please print and fill in all information
Retain original at Department ~ copy to HR

PERSONAL INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP: _____

Driver's License No. _____ Expires: _____
(Only if driving is a requirement)

EMERGENCY CONTACT PERSON AND PHONE NUMBERS

NAME: _____

PHONE #1 ~ (Home) _____

PHONE #2 ~ (Cell) _____

RELATIONSHIP TO APPLICANT _____

PARENTAL SIGNATURE _____

(Parental consent required for minor's participation)

DEPARTMENT INFORMATION

I AM VOLUNTEERING IN _____ DEPARTMENT

LOCATED AT _____

MY SUPERVISOR IS _____

TO BE FILLED OUT BY SUPERVISOR

Will the job tasks require driving a County vehicle? ___ yes ___ no

Will the job tasks require pre-employment testing? ___ yes ___ no
(Exposure to sensitive and/or confidential material)

Volunteer has completed safety orientation for this position. ___ yes ___ no

Supervisor (PRINT) Date Phone