



# 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

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

### 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.

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**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?  
(Exposure to sensitive and/or confidential material)      \_\_\_ yes      \_\_\_ no

Volunteer has completed safety orientation for this position.      \_\_\_ yes      \_\_\_ no

\_\_\_\_\_  
Supervisor (PRINT)                      Date                      Phone