



Contact Information:

First Name M.I. Last Name Address Apt/Space# City Zip Home # Cell # Email School/Organization Student ID # DOB Grade

We carefully protect your privacy: we do not share your contact information with other organizations.

Community Service Information:

Community Service fulfillment for school/organization? (Select one) yes no Number of Hours Needed Date service needs to be completed Preferred maximum numbers of hours per week No Maximum

Volunteering Availability

Table with 9 columns: Hours Available, Mon, Tue, Wed, Thu, Fri, Sat, Sun, Weekends Only

Special skills, training or interests related to the job for which you are applying

Person to Notify in Case of Emergency

Name: Relationship: Tel: Alternate Tel:

See back to complete the application.

Volunteer Agreement and Signature

Oath of Confidentiality

I the undersigned, hereby agree not to divulge any information or records I may encounter during the performance of my duties with the Loomis Library & Community Learning Center.

I agree that any discussions, records and information that I have access to in connection with these activities will not be disclosed to any unauthorized person.

I recognize that unauthorized release of confidential information may expose me to civil/criminal liabilities and fines under Federal, State, and local government regulations.

Executed this _____ day of _____, at _____, California.

Volunteer Printed Name: _____

Signature: _____ Date: _____

Volunteer Agreement

As a volunteer, I agree that I will not be compensated for volunteering, that I am not a Town employee, and that I am not entitled to any Town benefits as a result of my service. By submitting this application, I hereby certify that the facts set forth in it are true and complete.

I agree to take my volunteer commitment seriously and work in a professional manner.

I have carefully read this agreement and fully understand its contents. I am aware that this is a partial release of liability and a contract between myself and the Friends of the Loomis Library and sign it of my own free will.

Volunteer Printed Name: _____

Signature: _____ **Date:** _____

FOLL Supervisor Printed Name: _____

Signature: _____ **Date:** _____

If volunteer is under 18-years of age, a parent or guardian must sign the following: this release, its significance, and assumption of risk have been explained and are understood by the minor.

Parent/Guardian Printed Name _____

Signature: _____ **Date:** _____

Please return this application to the library Volunteer Coordinator.

The library reserves the right to conduct background checks on applicants for volunteer positions.

Thank you for completing this application and for your interest in volunteering with us!