



"Enriching Lives"

COUNTY OF LOS ANGELES PUBLIC LIBRARY
VOLUNTEER APPLICATION



Name (Ms. Miss Mrs. Mr.) _____

Address _____

City _____ Home Phone _____

Email Address: _____

Date of Birth _____ Business Phone _____

Present or Previous Jobs (Please include volunteer experience also) _____

Education, Skills, Hobbies, Activities: _____

Other Languages Known: _____

In emergency, contact: Name: _____ Day Phone _____

Address _____ Evening Phone _____

I hereby certify that all the statements made in connection with this application for a volunteer assignment are true to the best of my knowledge. I hereby authorize the County of Los Angeles Public Library to obtain a record of my criminal convictions from the California Department of Justice or any other agency that collects records of criminal convictions.

Date Signature of Applicant Signature of Interviewer

If under 18 years of age: Name of parent or guardian _____

Address _____

Phone _____

SIGNATURE of parent/guardian consenting to applicant's serving as a volunteer

FOR YOUTH APPLICANTS BETWEEN 14 AND 17 YEARS OF AGE:

I understand that obtaining criminal conviction information is a necessary part of the volunteer application process for the County of Los Angeles. Therefore, I hereby authorize the County of Los Angeles Public Library to obtain a record of my child's criminal convictions from the California Department of Justice or any other agency that collects records of criminal convictions.

SIGNATURE of parent/guardian consenting to obtaining applicant's criminal conviction record

OVER

The Volunteer must provide their own transportation.

In which library, including Library Headquarters, are you willing and able to volunteer:

It will be helpful to make regular assignments in order to set up a schedule. Volunteers are asked to commit at least 2-3 consecutive hours per week. Which day(s) and hours would you be available:

Which tasks are you interested in performing? _____

Applicant's References: As part of our selection process, it is the policy of the Public Library to check applicant's references. To assist us, please read and sign this consent statement, and list a minimum of two personal references as well as one employer (optional) below.

Consent Statement: I hereby authorize a designee of the County of Los Angeles Public library to verify any written representations made by me, concerning application to be a volunteer with the County of Los Angeles Public Library.

Further, I hold harmless any individual or firm for any information that it may provide. I understand that the designee of the County of Los Angeles Public Library may contact individuals or organizations other than those I have provided as a reference in this process. In addition, the designee of the County of Los Angeles Public Library has my consent to discuss with individuals or organizations other information which may be pertinent to my application to volunteer with the County of Los Angeles Public Library.

Applicant's Name (Please Print)

Name of Library

Applicant's Signature

Date

REFERENCES

TYPE: (Personal, Employer)

1. Name: _____

Personal or Employer (circle one)

Address: _____

Phone: () _____

City, ZIP: _____

E-mail: _____

2. Name: _____

Personal or Employer (circle one)

Address: _____

Phone: () _____

City, ZIP: _____

E-mail: _____

3. Name: _____

Personal or Employer (circle one)

Address: _____

Phone: () _____

City, ZIP: _____

E-mail: _____

VOLUNTEER PERSONAL RECORD

Last Name First Initial Phone #

No. Street City Zip

VOLUNTEER EMERGENCY NOTIFICATION (FOR VOLUNTEERS OVER 18 YEARS OF AGE)

IN CASE OF EMERGENCY NOTIFY _____ Phone # _____

Medical Insurance Coverage Provider: _____

Policy # _____ Doctor's Name _____

Address _____

No. Street City Zip

Phone # _____

Signature _____ Date _____

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VOLUNTEER EMERGENCY MEDICAL RELEASE (FOR VOLUNTEER UNDER 18 YEARS OF AGE)

IN THE EVENT OF AN EMERGENCY _____

Has my permission to receive medical treatment to be performed by qualified medical personnel.
Where possible, I would prefer treatment to be administered by:

Doctor _____

and/or the _____ hospital.

Parents/Guardian Name _____

Signature _____ Date _____

Relationship to applicant _____