VOLUNTEER APPLICATION FORM
MERCED COUNTY LIBRARY

Date:_____

PERSONAL INFORMATION:

Name (Last, First): _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Street Address (if different from mailing address): _____
_____
Home Phone Number: _(_____)_____
Cell Phone Number: _(_____)_____
E-mail Address: _____@_____
Age (circle one): 16-17 years old 18 or older

EMERGENCY CONTACT INFORMATION:

Emergency Contact Person:_____
Relationship to self:_____
Address:_____
City:_____ State:_____ Zip:_____
Emergency Contact Phone Number:_(_____)_____

AVAILABILITY AND AREAS OF INTEREST:

Please check all the library locations where you are willing to work:
Atwater ___ Cressey ___ Delhi ___ Dos Palos ___
George ___ Gustine ___ Hilmar ___ Le Grand ___
Livingston ___ Los Banos ___ Merced ___ Santa Nella ___
Snelling ___ South Dos Palos ___ Stevinson ___ Winton ___

Please check the days and times you can volunteer:
Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___
Mornings ___ Afternoons ___ Evenings ___

Name (Last, First): _____

Please check how frequently you can volunteer:
Daily ___ Once a week ___ Once a month ___
Twice a month ___ As needed ___
1 hour per day ___ 2 hours per day ___ 3 hours per day ___
4 or more hours per day ___

Please check the opportunities in which you are interested:

Book shelving ___	Landscaping ___
Book cleaning & repair ___	Clerical ___
Computer assistance ___	Craft projects ___
Grant writing ___	Literacy tutor ___
Program or event assistance ___	Storytelling ___
Checking in items ___	Assisting with items that are on hold ___
Cataloging/processing books ___	

Other ___ (specify: _____)

Submit a completed copy of this form at your local branch library. If your interest form matches the volunteer opportunity available, you may be contacted to complete the application process. Thank you for your interest in the Merced County Library.

Departmental Information (to be completed by Library staff)
Department Volunteering For:_____
Departmental Volunteer Coordinator:_____
Brief Description of Volunteer Work:_____
_____
_____
Start Date:_____ Approx. End Date:_____

VOLUNTEER RELEASE STATEMENT FORM

MERCED COUNTY LIBRARY

I, _____, hereby offer my services as a volunteer to provide services to the Merced County Library.

I recognize that I am not an employee of the County of Merced and that there is no contractual arrangement whatsoever between the County and myself.

I here by agree to assume any and all risks entailed in my volunteer activities for the above-stated purpose and specifically release Merced county from any liability, including but not limited to injuries caused by lifting, bending, stooping, carry materials, falling books and other objects, trip and fall, injuries suffered in driving to and from work sites, etc.

_____ _____

SIGNATURE DATE

_____ _(_____)_____

PRINT NAME TELEPHONE

_____

STREET ADDRESS

_____

CITY/STATE/ZIP CODE

STUDENT VOLUNTEER PARENTAL APPROVAL FORM
MERCED COUNTY LIBRARY

Your son/daughter has expressed an interest in serving as a volunteer at the _____Branch Library. We are pleased that he/she wants to participate in our volunteer program, with your approval. If you have any questions, please feel free to call me at 385-7485--Jacque Meriam, Merced County Librarian.

My child, _____, hereby may provide services as a volunteer to the Merced County Library.

I recognize that my child is not an employee of the County of Merced and that there is no contractual arrangement whatsoever between the County and my child.

I here by agree to assume any and all risks entailed in my child's volunteer activities for the above-stated purpose and specifically release Merced county from any liability, including but not limited to injuries caused by lifting, bending, stooping, carry materials, falling books and other objects, trip and fall, injuries suffered in driving to and from work sites, etc.

_____ _____

PARENT'S SIGNATURE DATE

_____ _(_____)_____

PARENT NAME TELEPHONE

_____ _____

STUDENT VOLUNTEER NAME DATE

_____ _____

STREET ADDRESS CITY/STATE/ZIP CODE

_____

E-MAIL ADDRESS (PARENT'S)