



SIMI VALLEY LIBRARY VOLUNTEER APPLICATION - Fall 2018

Application due to the Library no later than **SEPTEMBER 5, 2018.**

volunteer@simivalleylibrary.org | phone: 805-526-1735 | fax: 805-526-1738

Last Name _____ First Name _____

Home Phone_(_____)_____ Cell Phone_(_____)_____

Home Address_____ male_____ female_____

City_____ State_____ Zip code_____ Birth year_____

School attending (if applicable)_____ Email _____

Parent email address (if under 18)_____

This email must be different from applicant's email.

First and Last name of emergency contact _____

Phone of contact_(_____)_____ relationship to volunteer _____

This phone # must be different from applicant's phone #.

All the above information is confidential and is for library use only.

Type of volunteering you are interested in (circle all that apply):

Adult Computer Helper

Book Buddy

Homework Helper

Please tell us about any special skills and/or education you have that would help you with volunteering at the library for your desired position.

Why do you want to volunteer for the Library?

Your first and last name _____

IF YOU ARE APPLYING FOR A BOOK BUDDY OR ADULT COMPUTER HELPER, FILL OUT THIS SECTION ONLY:

The library is open Mondays-Thursday, 10am -8pm, Fridays, 1pm – 5pm, Saturdays, 10am – 5pm, and Sundays, 1pm -5pm. During these times, what is your availability for either a 2-hour or 3-hour shift? **List all that work for you as you might not get your first choice.**

Mondays: _____

Tuesdays: _____

Wednesdays: _____

Thursdays: _____

Fridays: _____

Saturdays: _____

Sundays: _____

IF YOU ARE APPLYING FOR HOMEWORK HELPER, FILL OUT THIS SECTION ONLY:

List your days in order of preference – 1st, 2nd, 3rd Shifts on all 3 days are 3:30pm – 5:00pm

Tuesdays: _____ Wednesdays: _____ Thursdays: _____

For ALL THREE POSITIONS, read and fill out this section:

1. *I understand that I need to wear closed-toe shoes and a nametag while volunteering.*
2. *I understand the Library requires a once a week commitment for at least 4 months.*
3. *I understand that training is mandatory. The date of the next training is Saturday, September 15, 2018 from 1:00 p.m. – 3:00 p.m. for BB and ACH; 3:00 p.m. – 4:30 p.m. for HH.*

Check here if you understand and agree to the three statements listed above.

Thank you for your interest in volunteering at the Library. We receive many more applications than can be accommodated. Applicants will be evaluated based how well directions were followed and questions answered on this application. New volunteers will also be chosen based on availability of slots for the shift and day you want. Those chosen will be notified prior to training day.

City of Simi Valley Volunteer Agreement

I, _____ (please print), desire to volunteer and perform miscellaneous assigned duties for the City of Simi Valley ("City"), without compensation, beginning **September 15, 2018**. In consideration for permitting me to participate as a volunteer, I hereby agree that:

- A. **Volunteer Status:** I am a volunteer and am not an employee of the City. As a result, I am not entitled to any form of compensation or employment benefits including, but not limited to, wages, salary, health insurance, or retirement benefits. I understand and acknowledge that the City can terminate my status as a volunteer for the City at any time and for any reason, and there is no promise of future employment.
- B. **Confidentiality:** In the course of my service I may learn of, be told, or be asked to relay information of a private, confidential, or privileged nature. Furthermore, I may have access to confidential computer databases and files. I shall not reproduce and/or disclose private, confidential, or privileged information without express direction from, or the authorization of, a City supervisor.
- C. **Assignments:** I acknowledge that appropriate instructions have been given to me regarding this volunteer assignment and I agree to observe all safety rules and use care in the performance of my assignments. I will perform assigned tasks that are within my physical capability to the best of my ability and will not undertake tasks that are beyond my abilities. I will immediately inform my supervisor of any limitations I may have with my assignments. I am familiar with the safe operation and use of equipment and tools for this volunteer assignment and will not use those with which I am unfamiliar or do not know how to operate safely.
- D. **Release of Liability, Covenant Not to Sue, and Express Assumption of Risk:** I hereby release the City of Simi Valley, its employees, its officers and other employees of all liability, covenant not to sue any or all of the foregoing and expressly assume the risk for my death, disability, or other personal injury to myself, damage to my property, loss or expense suffered by me caused by the City of Simi Valley, its officers, and other employees while participating in this volunteer assignment.

I further agree to defend, indemnify, and hold harmless the City of Simi Valley, its officials, officers, employees, representative, and agents, from and against all claims, lawsuits, liabilities or damages of whatsoever nature arising from my participation in this volunteer assignment. This Release of Liability and Express Assumption of Risk is binding upon my heirs, legatees, and devisees.

- E. **Loss, Theft and Damage:** I shall assume all risk of loss, theft, or damage to any of my personal property, equipment, or supplies arising from or connected with services I perform for the City. I shall reimburse the City for any loss, theft, or damage to any of the City's property, equipment, or supplies arising from or connected with services I perform for the City.

I HAVE CAREFULLY READ THIS VOLUNTEER AGREEMENT AND FULLY UNDERSTAND ITS CONTENT AND MEANING. I AM AWARE THAT THIS FORM IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE CITY OF SIMI VALLEY.

Date: _____ (Signature of Participant)

If Volunteer is under 18 years of age: _____ parent/guardian signature
_____ print name of parent/guardian

Authorization For Background Checks

Only fill this page in if you are 18 years old or older.

I authorize the Company to order my background report, including professional reference checks and investigative consumer reports during my volunteering. I also authorize the following agencies and entities to disclose to the contracted background company and its agents all information about or concerning me, including but not limited to: my past or present employers, learning institutions (including colleges and universities), law enforcement and all other federal, state and local agencies, federal, state and local courts, the military, credit bureaus, testing facilities, motor vehicle records agencies, all other private and public sector repositories of information, and any other person, organizations, or agency with any information about or concerning me.

The information that can be disclosed to the contracted background company and its agents include, but is not limited to; information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order a background report, including investigative consumer report, from companies other than contracted background company. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is true and correct and understand that dishonesty will disqualify me from consideration for volunteering with the Company, or if I am appointed as a volunteer already, that my volunteering may be terminated.

I understand that a criminal conviction related to the volunteer job in question may result in my not being allowed to volunteer. I further understand that a criminal conviction does not result in an automatic disqualification for volunteering and will be considered only as it relates to the position in question.

Further, I release all of the above, including LSSI, LLC company, from any and all claims of liability whatsoever in connection with such background verification or the use of the results there-from in the volunteer process. Such information will be held in confidence in accordance with LSSI's guidelines.

ALL SPACES MUST BE COMPLETED

First Name _____ Middle _____ Last _____

Other Name/Aliases/Maiden Name _____

Date of Birth (month/date/year) _____ D.L.# _____ State _____

Current Address (street, city, state, zipcode) _____

How long have you lived in current state? Years _____ Months _____

Previous address(es) over the last 5 years

Applicant Signature _____ Date _____

Notice to CA, MN and OK residents: Please check box if you wish to receive a copy of any background check report on you that was requested by the Company.