



SIMI VALLEY LIBRARY VOLUNTEER APPLICATION

Please complete this form and return via email to volunteer@simivalleylibrary.org
or drop off a hard copy at Library Customer Service desk

Last Name _____ First Name _____

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

Full Home Address _____

City _____ State _____ Zip code _____

Birth month/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 (check all that apply):

Library Helper

Event Helper

Programs Helper

**Please tell us about any special skills and/or education you have that would help you with
volunteering at the library, including any languages you speak besides English:**

The library is open Mondays-Thursday, 10am-8pm, Fridays-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:	

For ALL VOLUNTEER 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 communication if I won't be arriving for my scheduled shift.*
3. *I understand that training is mandatory.*

☐

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. 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 over 18, typing your name above serves as an electronic signature. If under 18, applicant and parent must sign manually.

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

AUTHORIZATION FOR BACKGROUND CHECKS

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

ALL SPACES MUST BE COMPLETED

First Name _____ Middle _____ Last _____

Date of Birth (month/date/year) _____

Phone # _____ Email _____

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

How long have you lived there? Years _____ From (month) _____ To (month) _____

Previous addresses over the last five years:

Address _____

From (month/year) _____ To (month/year) _____

Address _____

From (month/year) _____ To (month/year) _____

Address _____

From (month/year) _____ To (month/year) _____

Please check this box if you wish to receive a copy of any background check report on you that was requested by the Simi Valley Public Library. ☐

CALIFORNIA DISCLOSURE REGARDING VOLUNTEER BACKGROUND REPORT

Simi Valley Public Library may obtain from Sterling Volunteers, 1133 South College Avenue, Fort Collins, CO, 80524, (855) 326-1860, www.sterlingvolunteers.com, a consumer report and/or an investigative consumer report that contains background information about you in connection with your volunteerism. Sterling Volunteers may obtain further reports throughout your volunteerism so as to update your report without providing further disclosure or obtaining additional consent.

The Volunteer Background Check may contain information about your character, general reputation, personal characteristics, and mode of living. The Volunteer Background Check report may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records; motor vehicle and driving records; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, and other sources.

If an investigative consumer Volunteer Background Check is obtained, in addition to the description above, the nature and scope of any such report will be personal references.

You may inspect Sterling Volunteers' files concerning you during normal business hours and upon reasonable notice. You can inspect the files at Sterling Volunteers' offices if you furnish proper identification, and you can



obtain a copy by paying duplication costs. One other person can accompany you if he or she furnishes reasonable identification. You can also obtain a copy of your files by sending Sterling Volunteers at the address listed above a written request, including proper identification, by certified mail. Sterling Volunteers will give you a summary of the information in the files by telephone if you submit a written request including proper identification. Sterling Volunteers has trained personnel who can explain the information furnished to you, and can provide a written explanation of any coded information contained in your files. "Proper Identification" includes documents such as valid driver's license, Social Security card, military identification card, or credit card. If necessary, Sterling Volunteers may request additional information about your volunteerism and personal or family history to verify your identity.

By typing your name in the 2 signature fields below, you are signing this application electronically.

Volunteer Signature _____ Date _____

AUTHORIZATION TO OBTAIN VOLUNTEER BACKGROUND REPORT

I have read the Disclosure Regarding Volunteers Background Report provided by Simi Valley Public Library and this Authorization to Obtain Volunteer Background Report. By my signature below, I hereby consent to the preparation by Sterling Volunteers, a consumer reporting agency located at 113 South College Avenue, Fort Collins, CO, 80524, (855) 326-1860, www.sterlingvolunteers.com, of background reports regarding me and the release of such reports to the Simi Valley Public Library and its designated representatives, to assist the Simi Valley Public Library in making a volunteer decision involving me at any time after receipt of this authorization and throughout my volunteerism, to the extent permitted by the law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau, or other information service bureau or data repository, to furnish any and all information regarding me to Sterling Volunteers and/or the Simi Valley Public Library itself, and authorize Sterling Volunteers to provide such information to the Simi Valley Public Library. I agree that a facsimile ("fax"), electronic, or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Volunteer Name (Printed): _____

Volunteer Signature: _____

Date: _____