

# VOLUNTEER APPLICATION

Thank you for your interest in volunteering for the Santa Clara County Library District! Volunteer opportunities are open to anyone 14 years and over, without regard to race, color, religious belief, sexual orientation, gender, gender identity, medical condition, pregnancy, marital status, political belief, culture, age, national origin, ancestry, citizenship, genetic information, military status, or disability.

| CONTACT INFORMATION  |  |     |
|--|--|-----|
| First Name (Please print)  | Last Name  |     |
| Address  |  |     |
| City   | State  | Zip |
| Phone  | Email Address  |     |
| Are you between the ages of 14 and 17? <input type="checkbox"/> Y <input type="checkbox"/> N | Are you a dependent adult? <input type="checkbox"/> Y <input type="checkbox"/> N |     |

| PREFERRED LOCATION OR PROGRAM   |   |
|---|---|
| <b>Locations</b><br><input type="checkbox"/> Campbell<br><input type="checkbox"/> Cupertino<br><input type="checkbox"/> Gilroy<br><input type="checkbox"/> Los Altos<br><input type="checkbox"/> Milpitas<br><input type="checkbox"/> Morgan Hill<br><input type="checkbox"/> Saratoga<br><input type="checkbox"/> Woodland | <b>Programs</b><br><b>LITERACY PROGRAM</b><br><input type="checkbox"/> Homework Help<br><input type="checkbox"/> Youth Literacy<br><input type="checkbox"/> Adult Literacy<br><input type="checkbox"/> English Language Learning<br><br><input type="checkbox"/> Friends of the Library |

| YOUR AVAILABILITY   |     |     |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|-----|-----|
| Below, please indicate the days and times you would be able to volunteer. |     |     |     |     |     |     |     |
| (Example)   | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| 3-6:00pm  |     |     |     |     |     |     |     |
| Approximately how many hours per week are you available to volunteer?     |     |     |     |     |     |     |     |

| YOUR BACKGROUND  |
|--|
| Volunteer Experience                                   |
| Special Skills (including fluent languages)            |
| Why are you interested in volunteering at the library? |
| School (if applicable)                                 |



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## Volunteer Agreement:

I agree to abide by and comply with the behavior policies, safety, and health rules and regulations of Santa Clara County Library District, including but not limited to its policy against discrimination and harassment. Additionally, I agree to conduct myself in a professional manner, consistent with the same standards as that established for library employees.

I understand that in my capacity as a Santa Clara County Library District volunteer I may access confidential patron information, such as names, addresses, and phone numbers. I agree to protect this information to the best of my abilities and not to divulge it during or after my volunteer service has ended.

I understand that I am a volunteer, not an employee, agent or contractor of Santa Clara County and/or the Santa Clara County Library District. I am not covered by Workers' Compensation, and I am responsible for any expenses incurred as a result of any illness or injury I sustain from volunteering.

Santa Clara County and/or Santa Clara County Library District, its employees, volunteers, JPA representatives, and the County Board of Supervisors shall not be liable for any death, injury or property damage claims arising from any and all claims or causes of action that may arise out of the performance of my assigned volunteer duties. If any claim arises out of the foregoing, I shall indemnify and hold harmless the County of Santa Clara, the Santa Clara County Library District, its employees, volunteers, JPA representatives, and the County Board of Supervisors.

If over the age of 18, I understand that Santa Clara County Library District will conduct a background check. I hereby authorize the Santa Clara County Library District to perform this background check and investigate any public records relating to my criminal history or lack thereof.

Submitting a volunteer application does not guarantee placement or engagement as a Library volunteer. Once accepted as a volunteer, an assignment can end at any time at the discretion of the volunteer coordinator or local Community Librarian.

I hereby submit my application to be a part of the fantastic group of volunteers that support the Santa Clara County Library District. I understand that I will need to attend a mandatory orientation before volunteering, and that I may need to meet a minimum commitment of hours in order to continue volunteering. I certify that all statements on this application are true and complete.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

**Parent/Legal Guardian signature is required for volunteers between the ages of 14 to 17 years old and for dependent adults.**

|                                    |      |
|------------------------------------|------|
| Parent/Legal Guardian Name (Print) | Date |
| Signature                          | Date |

| FOR LIBRARY STAFF USE ONLY   |  |
|--|--|
| Date Received  | Interview Date                                       |
| Contacted By   | Orientation  |
| Background Check Required: <input type="checkbox"/> Y <input type="checkbox"/> N | Background Check Completed: <input type="checkbox"/> |