

CAMARILLO PUBLIC LIBRARY VOLUNTEER APPLICATION

Faxed or emailed applications will *not* be accepted.

First Name _____ Last Name _____ Age: 13-17 18+

Phone Number (____) _____ Home Cell Work

Address _____ City _____ Zip _____

Email _____

First and Last name of emergency contact _____

Phone of contact (____) _____ Relationship to volunteer _____

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

YOUTH (for volunteers 13-17) Check all that are of interest:

- | | |
|---|---|
| <input type="checkbox"/> Summer Reading Program (SRP) | <input type="checkbox"/> Homework Coach (minimum 9 th grade) |
| <input type="checkbox"/> Story Time Leader | <input type="checkbox"/> Outreach Assistant |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Technology Coach (minimum 16 yrs old) |
| <input type="checkbox"/> Teen Advisory Board (TAB) | |

School _____ Grade _____

Parent/guardian's Name: _____

Parent/guardian's Email: _____

Parent/guardian's Phone number (____) _____ Home Cell Work

Signature of parent or guardian _____ Date _____

ADULTS (volunteers 18+) Check all that are of interest:

- | | |
|---|--|
| <input type="checkbox"/> Homebound Delivery | <input type="checkbox"/> Shelving Assistant |
| <input type="checkbox"/> Homework Coach (Sept – June) | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Media Mender | <input type="checkbox"/> Story Time Leader |
| <input type="checkbox"/> Outreach Assistant | <input type="checkbox"/> Technology Coach |
| <input type="checkbox"/> Seed Library Consultant | <input type="checkbox"/> Veterans Benefits Coach |

ALL APPLICANTS COMPLETE THIS SECTION

Are you volunteering to earn community service hours? Yes No # of hours needed _____

If yes, for which school/org/program? _____

Signature of applicant _____ Date _____

Questions? Contact the Volunteer Coordinator at
volunteer@camarillolibrary.org or 805-383-5583

Camarillo Public Library Esper A. Petersen Homework Center

**Homework Coach Volunteer
Supplemental Application**

All Camarillo Public Library volunteers must submit a general volunteer application as well as a City of Camarillo Volunteer Liability Waiver.

Homework Center hours of operation are:
Mondays, Tuesdays and Wednesdays 3:00 to 6:00 pm
Thursdays 2:00 to 6:00 p.m.

NAME (print): _____ DATE OF APPLICATION: _____

ARE YOU VOLUNTEERING TO EARN SERVICE LEARNING/COMMUNITY SERVICE HOURS? _____ YES _____ NO

IF YES, FOR WHICH PROGRAM/ORGANIZATION? _____

HOW MANY TOTAL HOURS DO YOU NEED TO FULFILL THIS OBLIGATION? _____

ARE YOU FLUENT IN OTHER LANGUAGES? Please specify: _____

COLLEGE STUDENTS ONLY - PLEASE FILL OUT THE FOLLOWING:

NAME OF COLLEGE/UNIV.: _____ GRADE/YEAR : _____

NAME OF PROFESSOR: _____ EMAIL: _____
(please print)

HIGH SCHOOL STUDENTS ONLY - PLEASE FILL OUT THE FOLLOWING:

*Signature of Teacher/Advisor required for **first-time** high school applicants*

NAME OF TEACHER (print): _____ EMAIL: _____

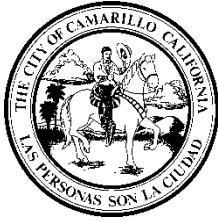
SIGNATURE OF TEACHER: _____ YOUR GRADE/YEAR : _____

TEACHER/ADVISOR COMMENTS (optional): _____

Return application and all paperwork to the circulation desk or mail a hard copy to:

Camarillo Public Library
4101 Las Posas Road
Camarillo, CA 93010

Questions? Contact the Volunteer Coordinator
volunteer@camarillolibrary.org
805-383-5583



City of Camarillo

Department of Administrative Services • Risk Management • (805) 383-5633
601 Carmen Drive • PO Box 248 • Camarillo, CA 93011-0248 • FAX (805) 388-5318

VOLUNTEER LIABILITY WAIVER

In consideration of being permitted to participate in the City of Camarillo Public Library volunteer program ("Program") and all activities associated with such participation, I agree, on behalf of myself and my minor child (if any) to the following:

1. I agree and represent that I have inspected, or immediately upon entering the public property will inspect, the premises and facilities. My, and my child's, entry onto the public property for all purposes associated with the Program including, without limitation, participation or use of any facilities or equipment, constitutes an acknowledgment that such premises and all facilities and equipment were inspected and that I find and accept them as being safe and reasonably suited for the purposes of my participation in this Program.
2. I release, waive, discharge, and covenant on behalf of myself, my minor child (if any), heirs, executors, and administrators and for all of my family members, not to sue the City of Camarillo and Library Systems & Services, LLC, their elected and appointed officials, agents, volunteers, and employees ("Releasees") from all liability to me, or my child, for any loss or damage, and any claim or demands on account of personal or property injury or because of my, or my child's, death, whether caused by Releasees' negligence or otherwise, while I, and my child, participate in the Program.
3. I agree to indemnify and hold the Releasees harmless from and against any and all claims arising from my, or my child's, participation in the Program, whether caused by Releasees' negligence or otherwise. I will pay all costs incident to any claim, including, without limitation, attorneys' fees.
4. I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion is held invalid, it is agreed that the balance will, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign this Volunteer Liability Waiver, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Signature: _____

Date: _____

Printed Name: _____

Are you 18 or older? _____

Address: _____

Phone #: _____

If signing on behalf of a minor:

Child's Name: _____

Date of Birth: _____

PLEASE NOTE: **The City of Camarillo strongly recommends that each volunteer participant have some type of accident medical insurance for his/her own protection.** The City of Camarillo does provide Workers' Compensation coverage for selective City volunteers, pursuant to Resolution 96-62 adopted on April 24, 1996 and the provisions of Section 3363.5 of the Labor Code, during the time the person actually performs volunteer services on behalf of the City of Camarillo.



Camarillo Public Library

www.camrarillolibrary.org

PHOTO RELEASE FORM

I hereby grant permission to City of Camarillo to use photographs and/or video of me in publications, news releases, online, and in other communications related to the mission of Camarillo Public Library.

Print Name of Volunteer

Signature

(Parents/Guardians, please sign for your child under age 18)

Date: _____

Adults volunteering or signing for children, please fill out info below:

Name _____

Address _____

Phone (day) _____ (evening) _____

Email Address (optional) _____

Thank you!

