

# Richardson Public Library Volunteer Application

## Personal Information

Date of Application:	Profession:
Last Name:	First Name:
Nick Name:	Date of Birth:
Street Address:	
City / ZIP Code:	E-Mail Address:
Home Phone:	Cell Phone:
Highest Degree earned: _____ High School/GED _____ Undergraduate Degree _____ Graduate/Professional Degree	
College or University attended: _____ Degree/Major/Certification _____	
Special training _____	
I am seeking this volunteer position to:	
<input type="checkbox"/> Become a regular volunteer for _____ 1-3 months _____ 6-9 months _____ 9 or more months	
<input type="checkbox"/> Satisfy school/class/scholarship requirements. Name of school: _____ Number of hours needed: _____ Date by which hours must be completed: _____	
<input type="checkbox"/> Satisfy Court ordered Community Service. Court _____ Number of hours needed: _____ Date by which hours must be completed: _____	
Have you ever been convicted of a felony or misdemeanor?	
<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please list the charge: _____	

## Availability (specify day of the week and time)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning hours							closed
Afternoon hours							
Evening hours					closed	closed	closed

## Skills and interests (check all that apply)

### Skills

- \_\_\_\_ Dewey Decimal knowledge
- \_\_\_\_ Arts and crafts
- \_\_\_\_ e-reader (Nook, Kindle, tablet reading apps)
- \_\_\_\_ Computer
- \_\_\_\_ Technology (Arduino, LittleBits, 3D printing)
- \_\_\_\_ Social Media (Facebook, LinkedIn, etc.)
- \_\_\_\_ Foreign language(s): \_\_\_\_\_

### Interests

- \_\_\_\_ Shelf reading (Dewey Decimal knowledge)
- \_\_\_\_ Arts and crafts
- \_\_\_\_ Teaching/Mentoring
- \_\_\_\_ Indoor plant care/dusting
- \_\_\_\_ Local history assistance
- \_\_\_\_ Clean/dust shelves
- \_\_\_\_ Clean books

Summarize **special skills and qualifications** you have acquired from employment, previous volunteer work, or through other activities, such as hobbies

**Previous Volunteer Experience**

**Person to Notify in Case of Emergency (at least on working phone number)**

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Ext \_\_\_\_\_

I will be available to volunteer starting (date) \_\_\_\_\_

The undersigned ("Volunteer") has chosen to participate in the Richardson Public Library Volunteer Program to perform services as a volunteer for the City of Richardson Library Department. The Undersigned Volunteer agrees to allow photographs, audio and or video (s) of the Undersigned Volunteer to be used by the City of Richardson in newspaper, internet, TV, radio and social media. The Volunteer understands and agrees (1) that a criminal history background check will be conducted by the City of Richardson; (2) that participation as a volunteer may be terminated at any time by Richardson personnel; (3) that the privilege of serving as a volunteer shall be under the direction and control of Richardson personnel; (4) to strictly comply with all Richardson rules, directives and regulations, written or otherwise, including any personal direction from Richardson personnel; and (5) to serve on a voluntary basis and not as an employee, contractor, or agent of Richardson, and that such service is without benefits or compensation. By the signature below, the Volunteer acknowledges that he or she has read and understands the Library Department Rules for volunteers, and agrees to abide by them.

The Volunteer understands that the Volunteer will be covered by the City's Public Official Liability Insurance Policy while acting for or on behalf of, and at the written request and under the direction of Richardson. The Volunteer understands the nature of work to be performed as a volunteer and assumes all risk associated therewith. The Volunteer, for and on his or her behalf, and the Volunteer's heirs, executors and assigns, agrees to release, defend, indemnify and hold harmless the City of Richardson, its officers, agents and employees (collectively "Richardson") from all claims, liabilities, losses, damages, judgments, actions including reasonable attorney's fees for personal injury and property damage asserted against or incurred by Richardson arising from or caused by the negligence or willful actions or omissions by the Volunteer as a participant in the Richardson Public Library Volunteer Program.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

If participant is under age 18, parent/legal guardian must sign.

Parent/Legal Guardian Name (print): \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**For Library Use Only**

Interview date:

Department:

Position: