



Yolo County Library Adult Volunteer Application

I am submitting this application for the following position: VOLUNTEER

I would like to work at the following location (please check all that apply)

- Archives Processing Clarksburg Davis Esparto Knights Landing
 Literacy West Sacramento Winters Yolo YoloLINK any location or program

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Email: _____

Is volunteer service court mandated? Yes No

If answered yes, please provide the following information:

Number of community service hours to be completed: _____

Date the community service must be completed by: _____

Work/Volunteer Experience and References

Please list any work or volunteer experience and at least two references from the local community, who are not your relatives. They can be teachers or employers, or other community members who have worked with you.

Business/Organization Name & Address	Reference Name & Phone Number	Dates of Employment/Volunteering (as applicable)	Description of Duties/Relationship (as applicable)
<input type="checkbox"/> work <input type="checkbox"/> volunteer			
<input type="checkbox"/> work <input type="checkbox"/> volunteer			
<input type="checkbox"/> work <input type="checkbox"/> volunteer			

Skills and Interests

Why do you want to volunteer at the library?

How did you hear about this opportunity?

Friend Library Staff Internet Advertisement Other: _____

Please check the areas in which you have experience or training:

Computer Skills Clerical Phones Customer Service Other: _____

Do you have proficiency in any languages other than English? If yes, which languages? (Please indicate if you are fluent, and if you can speak and/or write in these languages)

Availability

Please write the times that you are available next to the days that you wish to volunteer.

(Example: *Tuesdays 3:00pm to 5:00pm*)

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

Media Release

By signing below, I hereby grant to Yolo County the right and license to use my name, image, likeness and comments in Yolo County materials for internal and external audiences. These materials include but are not limited to advertisements, brochures, viewbooks, news releases, magazines, newspapers, newsletters, videos and Web sites.

Fingerprinting

Applicable only if the volunteer will be placed at the Winters Community Library or will volunteer with minors.

Volunteers (18 years or older) will be required to pass a "Live Scan Fingerprint" background check. Notifications of relevant convictions are sent to the Yolo County Library by the State of California, Department of Justice, Bureau of Criminal Investigations.

Conviction Information: If you have been convicted of a crime, please provide information on a separate piece of paper pertaining to all convictions, unless sealed or expunged. Do not list arrests that did not result in conviction. The following information is required:

- Date of Conviction
- Code Section Violated (Number and Title)
- Felony or Misdemeanor
- Sentencing Information (length of jail sentence, time served, monetary fine, terms of parole and/or probation)
- Description of Offense and/or Additional Remarks

Acknowledgement and Signature

I, _____ [insert name here], understand and acknowledge:

1. I am a volunteer, donating my time, services and energies to the County of Yolo as a Yolo County Library volunteer.
2. I will receive no salary, remuneration or benefits extended to employees of the County of Yolo.
3. I will be covered by worker's compensation insurance. Further, California Worker's Compensation laws provide my exclusive remedy for recovery from the County of Yolo for any injury sustained by me while participating as a volunteer.

Volunteer Signature: _____

Date: _____

Thank you for your interest in volunteering for the Yolo County Library.

Please return your application to:
 your local Yolo County Library branch OR
 Yolo County Library, 226 Buckeye Street, Woodland, CA 95695 Attn: Volunteer Coordinator

For Staff Use Only - Please Do Not Write Below This Line

Interview Date: _____ Time: _____ Location: _____

Interviewer(s) Initials: _____

References Contacted: (see attached page(s))

Background Check Date: _____ Agency: _____ ATI: _____

Volunteer Placed: _____ Department: _____

Type of Work (i.e. Page/shelver, Blogger) _____

Duration (circle one):

On-call (as needed) Temporary (Less than 3 months) Long-term (4 months or more) Other _____

Branch or Location: _____ Start Date: _____ Hours/ Schedule: _____

Supervisor / Team Leader: _____ Orientation Date: _____

Location: _____ Time: _____

Volunteer no longer active as of: _____