



TIGARD PUBLIC LIBRARY

13500 SW Hall Blvd.

Tigard, OR 97223

503-684-6537

Volunteer

APPLICATION

GENERAL INFORMATION

Name: _____ Birth date: _____

Address: _____ City/state: _____ Zip: _____

Phone (cell): _____ Phone (other): _____

Email address: _____

Emergency contact: _____ Phone: _____

AREAS OF INTEREST *(Please check all that apply)*

- Shelver
- Cart sorting
- Program assistant
- Tasket processing
- Entry point greeter
- Friendly visitor to homebound
- Shelf-reader
- Book searching *(requests to fill)*
- Other _____

All library volunteers are members of Friends of the Tigard Library.

Would you like to be contacted about Friends of the Library committee activities? Yes No

Are you willing to submit to a criminal and/or driver's background check if required? Yes No

Are you required to perform service hours for another agency or organization? Yes No

If so, please name the agency and the number of hours required: _____

What special skills, interests or training do you have?

What days are you available to volunteer? *(Please check all that apply)*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

What time of day do you prefer?

- Morning
- Afternoon
- Evening

Number of hours per week you are available to volunteer: _____

To the meet your needs, please describe any particular goals or expectations that you have regarding volunteering at the Tigard Public Library.

Please read and sign the back of this form.

Volunteers 18 years of age and older:

In consideration of the opportunity to volunteer with the City of Tigard, I fully and completely release the City of Tigard, its officials, and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I understand that I will be covered by the City's worker's compensation insurance for any physical injuries that may occur during my volunteer activities. I acknowledge that any photograph or videotape taken of me participating in this volunteer activity may be used for outreach, education, or documentation purposes by the City of Tigard.

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify the City of Tigard, its officials, and employees from liability for property damage and/or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer signature: _____ Date: _____

Volunteers 12 through 17 years of age:

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the City of Tigard volunteer program. I also agree to indemnify, hold harmless, and release the City of Tigard, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or videotape taken of my child/ward participating in this volunteer activity may be used for outreach, education, or documentation purposes by the City of Tigard.

Parent signature: _____ Date: _____

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer signature: _____ Date: _____

FOR LIBRARY USE ONLY

Interview Date: _____ Interviewer: _____ Orientation: _____ Training: _____

Supervisor/Division: _____

Assigned Task: _____

Assigned Day and Time: _____

Start Date: _____

Database Name Badge Roster Notes: _____