



**Hermiston Public Library  
Volunteer Program**

235 E Gladys Avenue  
Hermiston, OR 97838  
541-567-2882

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Volunteer Coordinator  
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**Volunteer Application**

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT & PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

ARE YOU 18 OR OLDER? YES \_\_\_\_ NO \_\_\_\_

**Please indicate the positions you are interested in by numbering 1-7 in order of preference:**

- |   |                                  |
|---|----------------------------------|
| _____ <b>Elderlibraries</b> (delivering books to residents of assisted living facilities) | _____ <b>Computer Assistance</b> |
| _____ <b>Summer Reading Programs</b>  | _____ <b>Shelf Reader</b>        |
| _____ <b>Craft Helper</b>   | _____ <b>Special Projects</b>    |
| _____ <b>Special Events/Parties</b>   |                                  |

Please list days and times that you are available to volunteer: \_\_\_\_\_

What special skills, interests, or training do you have? \_\_\_\_\_

Describe any particular goals or expectations regarding your volunteer time at the library.

**Please read and sign the back of this form.**

## **Volunteers 18 years of age and older:**

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 Hermiston Public Library, its officials, and employees from any liability for property damage and/or personal injury resulting from my participation in the volunteer program.

I understand that I will be covered by the library'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 Hermiston Public Library.

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

**I understand I must pass a background check before assignment to a project.**

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Volunteers 14 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 Hermiston Public Library Volunteer Program.

I also agree to hold harmless, release, and indemnify the Hermiston Public Library, 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 Hermiston Public Library.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Youth Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***( For staff use only )***

Crim. Rec. Ck. to PD \_\_\_\_\_ (date & initial)      Crim. Rec. Ck. Results \_\_\_\_\_ (date & initial)

Orientation \_\_\_\_\_ (date & initial)      Interview \_\_\_\_\_ (date & initial)

Start Date: \_\_\_\_\_ Training: \_\_\_\_\_ Supervisor: \_\_\_\_\_