



North Marion Community Library Association

21553 Liberty St NE
Aurora, OR 97002

Volunteer Application

NAME:		BIRTHDAY:	
MAILING ADDRESS:		CITY/ZIP:	
HOME PHONE:	EMAIL:		
ALTERNATE PHONE:	EMERGENCY CONTACT & PHONE:		
OCCUPATION:	EMPLOYER:		

(Volunteers between 12 & 17 years of age and their parents must also read and sign page 2 of this form.)

Please mark the positions you are interested in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Design | <input type="checkbox"/> Librarian |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Construction | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> New Materials Processing | <input type="checkbox"/> Finance Committee |
| <input type="checkbox"/> Events | <input type="checkbox"/> Book Repair | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Social Media | <input type="checkbox"/> Other _____ |

All Library Volunteers are members of the North Marion Community Library Association.

Would you like to be contacted about committee activities? Yes No

Are you willing to submit to a criminal background check if required? Yes No

Are you required to perform service hours for another agency or organization? 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 best meet your needs, please describe any particular goals or expectations that you have regarding volunteering for the North Marion Community Library Association:

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 North Marion Community Library Association, I fully and completely release the Library Association, 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 Library Association. 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 Library Association.

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 North Marion Community Library Association, 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 North Marion Community Library Association volunteer program. I also agree to indemnify, hold harmless, and release the Library Association, 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 Library Association.

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 Association as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Youth Volunteer Signature: _____ Date _____

(For office use only)

Interview Date _____ Interviewer _____ Orientation _____ Training _____

Supervisor/Division _____

Assigned Task _____

Assigned day and time _____

Start date _____

database name badge roster

training _____ Notes: _____

North Marion Community Library Association
PO Box 186
Hubbard, Oregon 97032

Revised 9/18/2014