

## Bulverde/Spring Branch Library Youth Volunteer Application

**Personal Information**

Date \_\_\_\_\_

Name \_\_\_\_\_ Age if under 18 \_\_\_\_\_  
           Last                      First                      Middle

Address \_\_\_\_\_  
           Street                                      City                                      State                      Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please note the skills, abilities, or interests below that are applicable to you:

- |  |  |
|--|--|
| _____ Previous library work                | _____ Knowledge of audio-visual equipment        |
| _____ Data processing/computer work        | _____ Storytelling                               |
| _____ Typing/word processing               | _____ Arts and crafts ability                    |
| _____ Knowledge of foreign language        | _____ Knowledge of/work with historical material |
| _____ Experience with electronic resources | _____ Other, list: _____                         |

Physical limitations? (List) \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I AM AVAILABLE FOR VOLUNTEER SERVICE (CHECK ALL TIMES THAT APPLY):**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (10am-1pm)	_____	_____	_____	_____	_____	_____
Afternoon (1pm-4pm)	_____	_____	_____	_____	_____	_____
Evening (4pm-6pm)	_____	_____	_____	_____	_____	_____

Are you volunteering to fulfill a community service requirement?  No  Yes (if yes please answer the following)

Who is requiring the community service? \_\_\_\_\_

Reason you were required to complete community service \_\_\_\_\_

Number of hours you have to complete? \_\_\_\_\_ Deadline \_\_\_\_\_

**Liability and Confidentiality Waiver**

I, \_\_\_\_\_, do hereby agree to indemnify and hold harmless the Bulverde/Spring Branch Library from any and all claims or causes of action that may arise out of performance of my assigned duties. I waive any right of action I have against the Bulverde/Spring Branch Library in consideration of my participation as a volunteer for the library.

I also understand that in my capacity as a library volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

Parent/Guardian printed name: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Youth printed name: \_\_\_\_\_ Date \_\_\_\_\_

Youth signature: \_\_\_\_\_

**FOR VOLUNTEER OFFICE USE ONLY:**

- Volunteer Timesheets
- Schedule/Punctuality/Breaks
- Supervisor Contact Information
- Statement of Policies/Dress Code
- Volunteer Guidelines
- Policy Acknowledgment Form

Data Entered: \_\_\_\_\_

Category: \_\_\_\_\_

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

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

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

Reason for Resignation: \_\_\_\_\_

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

Reason for Release: \_\_\_\_\_