

Yorba Linda Public Library

Volunteering In Children's Services at the Yorba Linda Public Library

Thank you for your interest in volunteering in Children's Service at the Yorba Linda Public Library! Volunteers enhance the library's ability to offer excellent service and programs for the children in our community. Children's Services has a limited number of volunteer positions available. The days and times available are subject to change throughout the year. Volunteers are required to attend a one-time training session for the school year. You will get 1 hour of volunteer credit for attending the training session. When you turn in your application, ask staff when the next volunteer training session will be held.

Typical Duties

Duties include sorting and shelving picture books, paperbacks, and readers and other materials; cleaning book covers and shelves; and straightening the Children's Room. Volunteers must be willing to help where needed.

Requirements

Students must be in 6th through 12th grade. A 16-hour minimum commitment is required. Volunteers are scheduled to work a set 2-hour weekly shift for continuous weeks. You may continue to volunteer at the library past 16 hours.

Desired Skills, Abilities, And Qualities

- Ability to file alphabetically and numerically
- Ability to follow written and oral instructions
- Responsible, punctual, attention to detail
- Ability to work independently
- Motivated, positive attitude

Guidelines and Training

Written guidelines for the work to be done will be given to each volunteer. Training will consist of an initial training session and follow-up training as needed.

The library reserves the right to evaluate the placement or performance of a volunteer which may lead to the reassignment of the volunteer or the termination of the relationship between the volunteer and the library. See the Children's Services Volunteer Contract.

After you complete your application, please turn it in at the Children's Services Desk. Your application will be reviewed and the Volunteer Coordinator will call you.

Again, thank you for your interest in volunteering in Children's Services!

Library Hours

Monday - Thursday 9:00 a.m. - 9:00 p.m.

Friday & Saturday 9:00 a.m. - 5:00 p.m.

Sunday Closed

The library does not accept court-appointed community service requests.

Children's Services Volunteer Application

Date RCVD _____

NAME _____ PHONE (home) _____ PHONE (cell) _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ SCHOOL _____ GRADE (in fall) _____

Allergies/Medications: _____ Do you have any health concerns? _____. If yes, please explain: _____

Do you need to volunteer as part of your: school requirements or fun or other? _____
(Note: the library does not accept court-appointed community service requests)

How many total hours do you need for your requirement? _____

When is the deadline for completing your volunteer hours? _____

Volunteers are scheduled to work the same 2-hour weekly shift. **Please mark all days you are available :**

Monday Tuesday Wednesday Thursday Friday Saturday

Mornings Afternoons Evenings

Please *describe* any previous experience you have working in a library or other organization:

State why you would like to volunteer at the Library and note your qualifications:

Parent's Signature

Volunteer's Signature

Date

Yorba Linda Public Library, Children's Services Volunteer Contract

Please write your initials on the line next to each requirement indicating that you have read and agree to adhere to our policies. I, _____,

_____ Will be punctual for all programs and meetings, and I will give notice to the Library as soon as possible if a problem arises which would prevent me from performing my duties.

_____ Will show respect towards my leaders, peers and the children with whom I work.

_____ Will complete the task assigned to me to the best of my ability.

_____ Will make efficient use of my time by seeking out ways in which I may help others after completion of my own responsibilities.

_____ Will be enthusiastic about volunteering; and will dress appropriately and maintain a clean appearance.

_____ Will not allow personal problems or conflicts to interfere with my job performance and interaction with children.

_____ WILL HAVE A GREAT EXPERIENCE VOLUNTEERING!

Failure to comply with the contract will result in the following consequences:

1st violation: Warning and review of contract

2nd violation: Phone call to parent.

3rd violation: Reduction of hours and in office meeting between Leaders, Volunteer and parent/guardian.

4th violation: Dismissal of Volunteer

** The Library reserves the right to handle extreme violations with their own discretion.

I certify that all statements in this application are true and complete to the best of my knowledge. I understand that any false statements will subject me to disqualification or dismissal. I have read and initialed each item in the volunteer contract and agree to adhere to this policy.

Volunteer Signature _____ Date _____

As the Legal Guardian of the participant in the Yorba Linda Public Library Children's Services Volunteer program, I also adhere to this policy and I hereby agree to indemnify and hold harmless the City of Yorba Linda and its officers, agents, or any third parties injured by the participant or any injury in any way arising out of the participant's activities in this program.

Guardian Signature _____ Date _____

Contact in case of emergency:

Name _____ Relationship _____

Phone Number (Day) _____ Evening Phone _____

City of Yorba Linda ~ Yorba Linda Public Library

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I(We)), the undersigned, parent(s) of _____,
do hereby authorize the Yorba Linda Public Library of the City of Yorba Linda as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her judgment may deem advisable.

By signing this authorization I/we agree to indemnify and hold harmless the City of Yorba Linda and all of its officers, employees, agents and volunteers from any and all liabilities for injury to persons and/or damage to property arising out of any act or omission in connection with this authorization for consent.

This authorization is given pursuant to the provisions of Section 6910 of the California Family Code.

This authorization shall remain effective for one year until June 13, 2010, unless sooner revoked in writing to the City of Yorba Linda.

Dated

Father

Mother

Legal Guardian