



San José Public Library Volunteer Application



You must be **15 years old or older** to volunteer (ages 13 & 14 may participate in teensReach council). A minimum **6-month** commitment is required from volunteers unless you are a student fulfilling a community service requirement. Completion of a volunteer application does not guarantee placement or engagement as a Library volunteer. Qualified volunteer applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, non-job related medical condition or disability. Please allow 3 weeks for your application to be processed. Volunteer trainings are held quarterly.

Date _____

Please print all information clearly in ink

Male / Female _____				
Last Name _____		First Name _____	Middle _____	
Street Address _____		Apt # _____	City _____	State _____ Zip _____
Home Phone _____		Cell Phone _____	Work Phone _____	
E-mail _____		Date of Birth (year optional if over 18) _____		
Place of Employment _____			Title _____	
Emergency Contact Name _____		Relationship _____		
Address _____		City _____	State _____	Zip _____
Home Phone _____	Work Phone _____	Ext. _____	Cell Phone _____	

Reference Information:

Business/Name _____		Contact Person _____		
Address: _____		City _____	State _____	Zip _____
Daytime Phone _____		Evening Phone _____		
Business/Name _____		Contact Person _____		
Address: _____		City _____	State _____	Zip _____
Daytime Phone _____		Evening Phone _____		

Are you looking to fulfill student community service hours? Yes _____ No _____

If so, how many? _____ By which date: _____

What intrigues you about volunteering at the library?

Please return completed application to: Coordinator of Volunteer Services, Administration
Dr. Martin Luther King, Jr. Library, 150 E. San Fernando St., San Jose, CA 95112



Name _____

Do you have previous volunteer experience? If so, where did you volunteer and what did you do?

Please indicate which day(s) and times you are available to volunteer

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11am – 3pm							
3pm – 7pm							

At which Library location would you like to volunteer? You may check as many as you like. Please number in priority order if more than one.

Dr. Martin Luther King, Jr. Library (KL)

- ___ San José Public Library Services
- ___ San José State University Services*

* SJSU staff will contact you

North San José

- ___ Alviso Branch (AL)

Central San José

- ___ Biblioteca Latinoamericana Branch (BLA)
- ___ East San Jose Carnegie Branch (EB)
- ___ Joyce Ellington Branch (JE)
- ___ Willow Glen Branch (WG)

South San José

- ___ Cambrian Branch (CB)
- ___ Pearl Avenue Branch (PA)
- ___ Santa Teresa Branch (SA)
- ___ Seventrees Branch (ST)
- ___ Vineland Branch (VL)
- ___ Almaden Branch (AB)

East San José

- ___ Berryessa Branch (BB)
- ___ Educational Park Branch (EK)
- ___ Evergreen Branch (EV)
- ___ Tully Community Branch (TU)
- ___ Hillview Branch (HB)
- ___ Dr. Cruz Alum Rock Branch (AR)

West San José

- ___ Calabazas Branch (CZ)
- ___ West Valley Branch (WV)
- ___ Rose Garden (RG)

Of the following San José Public Library volunteer positions; please number your top preferences.

- | | |
|---|--|
| ___ Docent (Dr. Martin Luther King, Jr. Library) | ___ Partners in Reading (tutor adults to read) |
| ___ Friends of the Library Board Member | ___ Reading to Children |
| ___ Friends of the Library Volunteer | ___ Summer Reading Volunteer |
| ___ Friends Bookstore (Dr. Martin Luther King, Jr. Library) | ___ TeensReach (ages 13-18) |
| ___ Homework Center Volunteer | ___ Technology Aid Volunteer |
| ___ Library Services Volunteer | ___ School Outreach/Library Ambassador |

Please indicate skills you would like to share as a volunteer:

Languages spoken other than English _____

Highest Level of Education Attained:		
_____	Degree/Diploma	Major/Course of study
Work Experience:		
Employer _____	_____	Position _____
Employer _____	_____	Position _____



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Have you ever been convicted of any criminal offense? _____ Yes _____ No

If "yes" please explain. A "yes" answer to this question is not an automatic bar to acceptance as a volunteer.

I also understand and agree that any or all of the following could be required before placement in any sensitive volunteer position:

- a. Fingerprinting
 - b. Background Investigation
 - c. Substance Abuse Testing
- Please initial** _____

I hereby give the City of San Jose the permission to request and obtain data pertinent to my volunteering at the San Jose Public Library from individuals listed on this application, and the California State Department of Justice if necessary. I also release from all liability or responsibility all persons and institutions supplying information. I certify that all statements made in this application are true and correct to the best of my knowledge, and I agree and understand that if I am accepted into the San Jose Public Library Volunteer Program, any false statements may result in my dismissal from the program.

I acknowledge that there is no salary or other compensation for my services as a volunteer.

I understand that during the course and scope of my volunteer services to the City, I will be covered under the City's Workers' Compensation self-insurance. I also understand and agree that my sole remedy for any injury that I may sustain during the course and scope of my volunteer services to the City, which is covered by Workers' Compensation, shall be through the City's Workers' Compensation self-insurance coverage. I waive any other right or remedy that I may have available to me for the injuries described above.

I also agree to grant full permission to the City of San Jose to use my name and any photographs, videographs, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me.

Signature of Applicant _____ Date _____

Signature of Parent/Legal Guardian (If under 18) _____
Date _____

Print Name of Parent/Legal Guardian (If under 18) _____

Administrative Use Only

Date screened (VS) _____ Date Forwarded to Liaison: _____ Date forwarded to VS _____

Notes from Manager of Volunteer Services:

Notes from Volunteer Liaison

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Name _____

Action/Placement:

— Orientation Date:

Assignment:

Date of discontinued service:
