

# Moorpark City Library

## Teen Volunteer Application

**Please note: The Moorpark City Library can only provide community service hours for high school graduation requirements and special clubs.**

- Volunteer shifts may be available on Monday-Saturdays.
- 1-2 hour volunteer shifts may be available.

**Before you can volunteer, you must complete the following things:**

- Attend the Teen Volunteer Training at the library (offered twice a month).
- Turn in a completed teen Volunteer Application and Consent Form with a parent's signature if you are under 18 years old.

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Name: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

E-mail: \_\_\_\_\_.

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Community service is service without pay to a non-profit agency/organization, such as the library. Most students must complete 40 hours of service before the end of their senior year. In some cases, your school may allow your service to begin the summer prior to a student's freshman year. (Students in 7<sup>th</sup> and 8<sup>th</sup> grade may apply to volunteer and will be selected on based on library project needs.)

### Everyday Tasks:

General Shelving: Daily tasks you can do to help keep the library organized!

- DVDs for Children, Music CDs, Magazines
- Shelf Straightening/ Reading
- Storytime Crafts
- Special Projects and Events

**Date attended Training:** \_\_\_\_\_

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**Thank you for your interest in volunteering at the Moorpark City Library!**

If you are under 18 years of age, please obtain a parent's signature below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_

The Volunteer Application and the City of Moorpark Volunteer Registration Form must both be returned to the Library prior to volunteering. Thank you.

# VOLUNTEER REGISTRATION FORM

**PLEASE TYPE OR PRINT NEATLY.**

Name: \_\_\_\_\_ Birthday (month/day/year): \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_ Emergency: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**INFORMED CONSENT AND RELEASE:** I, the undersigned, in consideration of the request and permission to participate in the Moorpark Volunteer Program, hereby assume full responsibility for all risk of injury or loss which may result from my participation in this activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE the City of Moorpark, its respective officers, agents and employees, past and present, from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the City of Moorpark, or its respective officers, agents or employees, past and present, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity and occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members. I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity, and, understanding this, I state that to the best of my knowledge, the participant has no medical, physical, mental or emotional health condition which would hinder or prevent my active participation in the referenced activity. *PLEASE NOTE: No medical insurance or insurance coverage of any kind is provided by the City of Moorpark. The City of Moorpark strongly recommends that each participant have some type of accident medical insurance for his/her own protection.*

**The City of Moorpark DOES NOT provide Workers' Compensation coverage for event volunteers, including student volunteers participating in the Moorpark Unified School District Community Service Learning Program or any other agency, business or organization volunteer program.**

**PERMISSION FOR MEDICAL TREATMENT & TRANSPORT OF MINORS:** I, the undersigned parent or guardian, hereby grant the City of Moorpark and agents thereof, permission to summon 911 in the event that the referenced child may require advanced first aid or medical treatment. I further grant permission to transport my child to a center of advanced care. I grant permission to any and all physicians, surgeons, medical personnel, and emergency medical technicians or paramedics to treat my child if such treatment is reasonably required.

**PARENT OR GUARDIAN MUST SIGN IF VOLUNTEER IS UNDER 18 YEARS OF AGE.**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_