Volunteer Program

"A library says a lot about a city"

COURT-ORDERED VOLUNTEERS CAN NOT BE ACCEPTED BY THE LIBRARY

Mission Viejo Library

100 Civic Center
Mission Viejo, CA 92691
www.cmvl.org

Phone: 949-830-7100 ext. 5128
Fax: 949-586-8447
vsullivan@cityofmissionviejo.org

OFFICE USE ONLY:
Orientation Date ____/____/____
Assigned:_____
Start Date:____/____/____
Entered in Volgistics
by: _____
Date: ____/____/____
Revised 12/14

Adult Volunteer Application

Personal Identification Number:
Think of a personal code for logging in and out of the volunteer computer.
Minimum 4, maximum 9 digits. Cannot start with zero.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Title: Dr.

Last Name: _____ First Name: _____

Street Address: _____ City: _____ Zip_____

Phone Number: _____ Cell Phone

Email address: _____

Emergency Contact:_____ Phone: _____

Please list two references we may call and who they are (i.e. friend, relative)

1. Name _____ _____ Phone _____
2. Name _____ _____ Phone _____

Previous job experience you feel will be helpful in placing you in a position.

Time Requirements: Are you able to commit to a minimum 8 hours a month? ○Yes ○No

Day Availability:
○Saturday ○Sunday ○Monday ○Tuesday ○Wednesday ○Thursday ○Friday

Time Availability:
From: _____ pm To: _____ pm

Check the volunteer position that you're interested in:

- ☐ ***Friends of the Library Bookstore***
- ☐ ***Passport Acceptance Services***
- ☐ ***Homework Help (2nd—6th Grade)***
- ☐ ***Middle School/High School Math Tutoring***

Release & Waiver

I choose to participate in the **City of Mission Viejo Library Volunteer Program**. I am aware that this volunteer assignment may present risk of injury. I agree to assume all risks for injuries arising out of my participating as a volunteer. I agree that the City of Mission Viejo Library (City) and all employees, officials, agents, representatives and sureties of the City shall NOT be responsible or liable for any injury, damage, loss or expense, to my person and or property, incurred while participating as a volunteer.

I have reviewed and understand the requirements of the City of Mission Viejo's "Volunteer...Policy" and particularly the sections relating to investigation of criminal record histories of persons who may work with children. I hereby authorize the City and the California Department of Justice to review state and local records to determine if I have been convicted of any crimes for the limited purposes of determining whether I engage in volunteer activities involving children and to comply with all state laws applicable to persons working with children.

I hereby irrevocably consent to the City, it's employees, officials, agents, and representatives, for valuable consideration received, to use, authorize and assign unlimited permission to use, publish and republish for any purpose whatsoever, by the City, or anyone authorized by the City, of any and all photographs which you have taken of me, negative or positive, without further compensation to me. All negatives and positives, together with the prints shall constitute the property of the City of Mission Viejo.

Signature: _____ Date _____

Medical Release

In the event of an emergency, I hereby give permission to the emergency medical staff selected to hospitalize and secure proper treatment for myself and I will assume all medical costs.

Signature: _____ Date _____