



# 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.cmvj.org

Phone: 949-830-7100 x5126  
Fax: 949-586-8447  
kruef@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: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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: \_\_\_\_\_ To: \_\_\_\_\_

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 \_\_\_\_\_