



MISSION VIEJO
Make Volunteering Your Mission

City of Mission Viejo Library Volunteer Application

Full Name: _____
Last First

Address: _____
Street Apt. #

City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Relationship to volunteer: _____

I hereby choose to participate in the City of Mission Viejo Volunteer Program. I am aware that this volunteer assignment may present risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property loss or damage. I hereby acknowledge that I am voluntarily participating as a volunteer for the City and agree to assume any such risks. I hereby acknowledge that as a volunteer for the City of Mission Viejo ("the City") in the capacity of _____, I am not an employee of the City, but that I am covered under the City's workers' compensation plan since the City has adopted a resolution extending workers' compensation coverage to certain volunteers in specified categories pursuant to Labor Code Section 3363.5.

As a volunteer who is covered under the City's workers' compensation plan, I expressly agree and acknowledge that workers' compensation is my exclusive remedy for any injury suffered while performing said volunteer duties, and that I cannot and will not seek to bring any other claim or action of any type whatsoever against the City, its officers, officials, employees, agents, and other volunteers.

I hereby irrevocably give consent to the City, its employees, officers, officials, agents, and representatives 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, any and all photographs which the City, its employees, officers, officials, agents, or representatives have taken of me, negative or positive, without further compensation to me. All photographs, including negatives, prints and digital storage of such shall constitute the property of the City.

Date: _____

Signature: _____

Print Name: _____

Parent or Guardian Signature (if minor): _____

Mission Viejo Library Volunteer Program

Volunteer Positions - Check all you are interested in

- Friends Bookstore Associate
 - Passport Acceptance Office
 - Homework Help (2nd-6th Grade)
 - Genealogy
 - Amazon
 - Other _____
-

Availability - List all days and times you can commit to (*ex. Tuesday, 2 pm—4pm and Thursday, 10 am—12 pm*)

Days/Times Available Please List All:

Experience -

List any skills and talents you have that would be helpful in determining placement in a volunteer position.

List any limitations (i.e. allergies, scheduling, physical conditions)

Mission Viejo Library, 100 Civic Center, Mission Viejo, CA 92691

cmvl.org

For more information on adult volunteer opportunities

Call 949-830-7100, ext. 5144 or email LibVolunteers@cityofmissionviejo.org

OFFICE USE ONLY:

Orientation Date ___/___/___ DOJ: ___/___/___ Assigned: _____

Start Date: ___/___/___ Entered in Volgistics by: _____ Date: ___/___/___

Numeric Volgistics PIN: ___ ___ ___ ___ ___ (4 or 5 digits only please)

Form rev. 7/21