



**City of Mission Viejo**  
**Library & Cultural Services Teen Volunteer Application**

Applications are accepted at any library service desk.

Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Must be 15 years old to volunteer at the library.

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

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

**RELEASE & WAIVER OF PARTICIPANT**

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): \_\_\_\_\_

Witness: \_\_\_\_\_

# Mission Viejo Library & Cultural Services Teen Volunteer Program

**Volunteer Positions** - Check all you are interested in

- Computers/Technology
- Cultural Arts/Library Events
- Library Craft/Activities Prep
- Library Marketing
- Library Operations
- Passport Acceptance Office
- Photography
- Other \_\_\_\_\_

**Availability** - List all days/times you are available (*ex. Tuesday, 2 pm–4pm and Thursday, 10 am–12 pm*)

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Are you willing to commit to a 2-hour shift per week and a one-year commitment? Yes / No

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

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

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Mission Viejo Library, 100 Civic Center, Mission Viejo, CA 92691  
**cmvl.org**

For more information on volunteer opportunities  
Call **949-470-8488** or email **LibVolunteers@cityofmissionviejo.org**

**OFFICE USE ONLY:**

Received Date \_\_\_/\_\_\_/\_\_\_    Orientation Date \_\_\_/\_\_\_/\_\_\_    DOJ: \_\_\_/\_\_\_/\_\_\_

Assigned: \_\_\_\_\_    Start Date: \_\_\_/\_\_\_/\_\_\_

Entered in Volgistics by: \_\_\_\_\_    Date: \_\_\_/\_\_\_/\_\_\_

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