

**CITY OF SAN LEANDRO
ADULT LIBRARY VOLUNTEER APPLICATION**

Application Date

____/____/____

Personal Information (Please Print!)

First Name _____ Last Name _____ Middle Initial _____

Address _____ City _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

E-mail _____

Highest Level of Education Attained: _____

Current Position Title or Last Position Title Held: _____ From _____ To _____

Organization employed or last employed: _____ City _____ Tel _____

Emergency Contact Information

Name _____ Relationship (e.g., spouse, friend) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Skills, Interests and Schedule

Skills (i.e. computer, languages, clerical, etc.) _____

Any related experience in position selected below? _____

Day(s) and hours available (please check days available)

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

What volunteer position are you most interested in at present?

- Literacy Tutor
 Computer Tutor
 Shelving Materials
 Bookstore Cashier
 Gift Shop
 Program Assistant
 Donation Sorter
 Casa Peralta Docent
 Library Greeter
 History Researcher

I, the undersigned, in consideration of participation in the City of San Leandro's volunteer program, agree to indemnify and hold the City harmless, and release the City and its employees and agents from any and all liability for any injury or loss which may be suffered by the above named individual arising out of or in any way connected with my volunteer participation. I acknowledge that San Leandro takes photographs or other recordings of its activities and events for publicity and authorize the use of my image by the City.

Signature of Volunteer X _____

For Library Use Only

Assignment _____

Interview Date _____ Fingerprint Clear Date _____

____ Send Application to SCC ____ Alphabetical Directory ____ Assignment Directory ____ Outlook Contacts

Notes: _____
