



TRINITY COUNTY LIBRARY

ORESTA ESQUIBEL, COUNTY LIBRARIAN

351 MAIN STREET / P.O. BOX 1226

WEAVERVILLE, CALIFORNIA 96093

PHONE (530) 623-1373 FAX (530) 623-4427

TRINITY COUNTY LIBRARY Volunteer Application and Agreement

Please type or print:

PERSONAL INFORMATION:

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

Phone Number: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

Physical limitations: _____

EMERGENCY INFORMATION:

Person to contact in case of emergency: _____ Relationship: _____

Phone number: _____

BACKGROUND INFORMATION:

Have you ever volunteered before? Yes _____ No_____

If so, please list location and a brief description of duties:

Please note the skills, abilities or interests that are applicable to you:

_____ Previous library work _____ Typing/word processing/data entry _____ Writing/editing

_____ Working with historical material _____ Arts & crafts _____ Storytelling

_____ Computer hardware _____ Computer software /databases

_____ Other skills (list): _____

The undersigned hereby applies to volunteer for a position at the Trinity County Library and agrees that (please initial):

1. _____ I am not an employee of Trinity County or any other agency and I serve at the pleasure of the agency that accepts my services. I will not be paid any compensation or reimbursement of expenses, except as expressly provided herein.
2. _____ I do not have the authority to enter into contracts or agreement on behalf of the County or any other agency.
3. _____ I am covered by workers compensation insurance, but there is no medical insurance coverage for me as a volunteer, unless expressly stated.
4. _____ I may resign at any time, and the County or other local agency for whom I provide services may terminate me at any time, without cause.
5. _____ I may use or have access to the equipment, tools, documents, and computers provided by the County or agency, which shall remain the property of the County or agency. I agree to return all of the above provided to me in good condition upon termination of services.
6. _____ I will not disclose, directly or indirectly, any confidential information or documents to which I may have access as a volunteer.
7. _____ I have never been convicted of any felony, except as follows (insert "None" if applicable): _____

The Trinity County Library does not discriminate against any volunteer or applicant for volunteer because of race, color, religion, age, sex, national origin, political affiliation, ancestry, marital status, disability, or sexual orientation. This policy does not require the Trinity County Library to accept unqualified volunteers.

This application and agreement is entered into on (date) _____,
at (location) _____, California.

Volunteer Signature _____

If you are a minor, the signature of a parent or guardian is required:

Parent signature: _____ Date: _____

ACCEPTANCE OF VOLUNTEER

The above-named individual is accepted as a volunteer at the Trinity County Library.

Date: _____ Signature of Authorized Officer: _____

* Please return completed application to the County Librarian at the address noted on page 1.