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** ( ) _____

Birth year _____**Age** _____ **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

☐ Library Veterans Benefits Coach ☐ Program Assistant ☐ Donation Sorter ☐ Casa Peralta Docent ☐ Library Greeter

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 _____

Inform TM, TT Date _____ TM Approval Date_____ Interview Date _____ Fingerprint Clear Date_____

____Send Application to SCC ____ Alphabetical Directory ____Assignment Directory ____Outlook Contacts

Notes: _____
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