



STUDENT VOLUNTEER APPLICATION

Corvallis – Benton County Public Library

(For Applicants 14 to 17 years old)

Yes, I would like to be a library volunteer!

Date: _____

I WOULD LIKE TO VOLUNTEER AT THE FOLLOWING LIBRARY LOCATION(S):

Corvallis Public Library

Alsea Community Library

Monroe Community Library

Philomath Community Library

Name: _____ Email: _____

Address: _____ City/St/Zip: _____

Preferred Phone: _____ Second Phone: _____

Date of Birth: ____ / ____ / ____ Age: ____ (Note: If you are 18 or older, this is the wrong form.)
Month / Day / Year

School: _____ Class or Grade: _____

I am volunteering to complete a community service requirement for my school: Yes No

If yes, how many hours are required? _____ If yes, when must hours be completed? _____

EMERGENCY CONTACT INFORMATION (REQUIRED):

Name _____ Relationship: _____

Phone(s): _____

VOLUNTEER EXPERIENCE

I have never volunteered

I have volunteer experience (please describe): _____

SPECIAL INTERESTS

List hobbies, interests, activities, clubs, special skills, or languages spoken: _____

SCHEDULE: When you are available to volunteer? (Between the hours of 8:00 am and 8:00 pm, M-Th.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times you are available to volunteer	Open 1:00 to 5:00 pm					Close at 6:00 pm	Close at 6:00 pm

PHOTO RELEASE Please choose one:

I give permission to publish my photo in printed library materials, websites, newsletters, and marketing publications in association with the Corvallis-Benton County Public Library.

I DO NOT give the Corvallis-Benton County Public Library permission to publish my photo for any reason.

CERTIFICATION

I hereby certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I agree and understand that any misstatements or material omissions on the application will result in my being eliminated from further consideration. I understand that, if accepted, any misrepresentation or material omission, which becomes known to the Corvallis-Benton County Public Library, may result in my immediate dismissal. I agree that I will work within my assigned areas of responsibility without any monetary compensation, and be subject to workers' compensation coverage while on the job. I will follow the lawful directions of my assigned supervisor while working for Corvallis-Benton County Public Library and will follow and be bound by the Policies & Procedures of the City of Corvallis to the same extent as paid employees of the City, except Policies & Procedures relating to compensation and benefits, which do not apply to me.

Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

After completing this fillable form, please print and have you and your parent/guardian sign.

Please note: We don't always have enough openings in our Student Volunteer Program for all the students who apply. If we can't place you in a volunteer position right away, please indicate whether you would like to be on our waiting list.

Yes, please put me on the student volunteer waiting list.

Keep me on the list until there is an opening or until _____
(date)

Keep me on the list indefinitely.

Drop off at any public service desk at the Main or Branch Libraries.

Or, Mail to: Corvallis-Benton County Public Library
Attn: Volunteer Coordinator
645 NW Monroe Avenue
Corvallis, OR 97330