

VOLUNTEER POSITIONS I AM INTERESTED IN (Check all that apply; not all will be available):

Visit our website to learn more about each volunteer job: <http://cbcpubliclibrary.net>.
 (Click on **Volunteer** under the **ABOUT** tab.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Adopt-A-Shelf | <input type="checkbox"/> Pick Ups | <input type="checkbox"/> Teen Programs & Events |
| <input type="checkbox"/> Check-In | <input type="checkbox"/> Collection Care / Book
Display Assistant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Holds Search | <input type="checkbox"/> Children's Programs & Events | |
| <input type="checkbox"/> New Book/Holds Shelving | | |
| <input type="checkbox"/> Public Computer Care | | |

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	1:00 - 5:00 pm only					Close at 6 pm	Close at 6 pm

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?

- Friends/Relatives Visiting the Library
 Library Website City of Corvallis website Other website: _____
 Other, please list: _____

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.

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: _____

Please print and sign this completed application and 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