



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: _____

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.

Please drop off your Volunteer Application 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