

## **ROSEBURG PUBLIC LIBRARY**

1409 NE Diamond Lake Blvd., Suite 100 | Roseburg, OR 97470

## **VOLUNTEER APPLICATION**

Name		Phone		_ Cell	
Mailing Address		City		State	
Zip	Email				
**OPTIONAL** Em	ergency Contact Nan	ne			
Relationship to You		Emergency Co	_ Emergency Contact Phone		
What skills, or expe	erience, do you have	that we should kno	ow about?		
Computer proficiency Customer service Cash handling Additional languages		Pi Pi	Experience working with children Previous library experience Previous volunteer experience		
Shelving	ustomer service		ook Sales rocessing books f	or online sale	
Reference Name (	not a relative)		Relationship _		
Phone					
_	are available to volune utilized only when s		d work are availa	ble**	
1 pm-3 pm	Wednesday 11 am-1 pm 1 pm-3 pm	1 pm-3 pm	<b>Friday</b> 11 am-1 pm 1 pm-3 pm	10-12 pm	

5 pm-8 pm

3 pm-5 pm

3 pm-5 pm

5 pm-8 pm

Photo release (please choose one):	
☐ I give permission to publish my photo in printed library mapublications in association with Roseburg Public Library.	
☐ I do not give Roseburg Public Library permission to pub	lish my photo for any reason.
I understand that I am not an employee of the City of independent volunteer. As such, I am not entitled to any proor any laws relating to hours of work, rates of compensations.	ovisions of law regarding City employment,
I authorize the City of Roseburg to perform a background c and hold harmless the City of Roseburg from any claims for volunteer services.	•
Signature of Volunteer Identified Above	Date
Name & Title of City Employee Responsible for Volunteer	
Signature of City Employee	Date