

# Volunteer Application | Longview Public Library



We are so excited you are considering volunteering with the Library!

**Step 1:** Please read the *Volunteer Handbook* before filling out this application to self-assess if volunteering with the Library sounds like a good match for you.

**Step 2:** Return this completed volunteer application to the Longview Public Library or mail to:

Longview Public Library - Volunteer Services  
1600 Louisiana St  
Longview, WA 98632

Please note that incomplete applications will not be accepted and we can't guarantee a volunteer spot or that we will always have tasks for you to complete.

**Step 3:** Please share with us the volunteer areas you are interested in (mark all that apply):

- Shelving
- Adult Literacy
- Events and Programs
- Seed Library
- Summer Reading Program
- Friends of the Rose Garden
- Homebound Delivery

Are you a current member of the Friends of the Library?

- Yes
- No
- No, but I am interested in becoming a member

## Personal Information

Today's Date: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact you:  Home Phone  Cell Phone  Email Date of birth\*: \_\_\_\_\_

*\*This information is to verify eligibility for projects or activities, for demographic reporting to funders, and for conducting a background check.*

## Professional Background

Currently employed?  Yes  No Retired?  Yes  No

## Languages

Please list any languages you're fluent in other than English: \_\_\_\_\_

## Educational Background

Highest level of education:

- High School/GED    Associates Degree    Undergraduate Degree    Graduate Degree  
 Post-Graduate Degree    Other: \_\_\_\_\_

## Reason for Volunteering

Why are you interested in volunteering at the library (mark all that apply)?

- Community involvement    Build work experience    School service hours  
 Corporate volunteer program    Ordered by courts/probation  
 Earn a library card    Unpaid internship    Other: \_\_\_\_\_

Are you required to perform service hours?    Yes    No

Number of hours required: \_\_\_\_\_ Date hours need to be completed: \_\_\_\_\_

## Availability

I am interested in volunteering (mark all that apply):

- Three months    Six months    Nine months (a school year)    One year    Weekends only     
Ongoing    Occasional event    Other \_\_\_\_\_

## Current Skills and Library Experience

Skills:

- Basic computer    Advanced computer    Administrative  
 Event management    Arts and crafts    Group facilitation  
 Public speaking    Working with diverse populations  
 Teaching experience    Discussing and recommending books    Other: \_\_\_\_\_

Library Experience:

- Computer assistance    Instructing classes    Shelving books  
 Program assistance    Reference    Other: \_\_\_\_\_

## Volunteer Experience

Have you volunteered for Longview Public Library before?    Yes    No

If yes, when/in what department did you volunteer? \_\_\_\_\_

Are there any reasonable accommodations you need to volunteer at the Longview Public Library safely and successfully? \_\_\_\_\_

List other recent volunteer experience: \_\_\_\_\_

## References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Number of years known: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Number of years known: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

## Emergency Contact information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relation: \_\_\_\_\_

## Consent to Background Check, Release, and Agreement

I understand and agree that:

- Longview Public Library may investigate any information that I furnish in association with this volunteer application and perform whatever background investigation the City of Longview deems appropriate.
- Any misrepresentation on this form can be cause for withdrawal of any offer or termination of the volunteer agreement.
- All volunteers are at the discretion of the Library.
- I understand that I will not be paid for my services as a volunteer, and I expect no compensation.

If offered a volunteer position I agree to comply with all lawful rules, policies, standards, and guidelines of Longview Public Library and the City of Longview.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Applicants under the age of 18 require the signature of a parent or legal guardian along with the applicant's signature.**

**For Library use only:**

\_\_\_\_\_ Background Check

\_\_\_\_\_ Number

\_\_\_\_\_ Timesheet

\_\_\_\_\_ Safety Training

\_\_\_\_\_ Database

\_\_\_\_\_ Badge

\_\_\_\_\_ Orientation

\_\_\_\_\_ Scheduled/Matched

\_\_\_\_\_ Vaccinated

**Parent/Legal Guardian**

I \_\_\_\_\_ give permission for my minor child to volunteer at Longview Public Library if they are selected. I have read the qualifications, duties, and time requirements for volunteering at the Library and will assist my minor child in keeping their commitment. I understand that submission of this application is not a guarantee that my minor child will be selected as a volunteer, and that hours are assigned on a first come, first-served basis.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES

This Agreement is made by and between the City of Longview, a political subdivision of the State of Washington hereinafter referred to as the "City", and \_\_\_\_\_, hereinafter referred to as the "Volunteer." (print name)

**PURPOSE:** The purpose of this Agreement is to outline the responsibilities of the City in providing volunteer opportunities, and to create an understanding between the City and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for the City, including but not limited to, practical work experience, recreational programs, senior programs, police resource centers, and academic internships.

**AGREEMENT FOR NON-COMPENSATED SERVICES:** The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement EXCEPT for State Labor and Industries Industrial Insurance medical aid coverage.

In consideration of the City giving me permission to perform these volunteer services, I understand that: (Please initial the following)

- \_\_\_\_\_ I am not to appear for volunteer service under the influence of any illegal drugs or alcohol. The Volunteer agrees to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.
- \_\_\_\_\_ I am not to have child(ren) with me, during my volunteer activities, that are under 14 years of age. If I do bring with me any child(ren) under 14 years of age (which is a violation of this agreement), I understand I will be held solely liable, and assume all risk of liability, for my child(ren)'s actions and agree to hold the City harmless from any and all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.
- \_\_\_\_\_ I will abide by all City policies regarding personal conduct while performing volunteer services.
- \_\_\_\_\_ I agree not to go beyond the scope of volunteer work agreed to without authorization.
- \_\_\_\_\_ I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
- \_\_\_\_\_ Depending on the scope of volunteer work, the following policies may apply: Driving, Safety Procedures, Computer Operation, Dress Code, Anti -Harassment, Confidentiality
- \_\_\_\_\_ Should an injury occur during the scope of my service the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.
- \_\_\_\_\_ I understand that I am to report any on-the-job injury or illness, no matter how minor, to \_\_\_\_\_  
Library Staff

**BACKGROUND CHECKS:** I consent to the City performing a background check into my history in accordance with RCW 43.43.830–839 and waive any right of privacy I may have in such information for the limited purpose of the City considering it for determining my suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children developmentally disabled persons, or vulnerable adults or who will be working with confidential information.)

**TERMINATION:** I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

**WAIVER & HOLD HARMLESS:** I am fully aware that the work associated with being a City Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City’s Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

**LIABILITY COVERAGE:** I understand that the City is self-insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City’s liability coverage with WCIA. I am fully aware that a volunteer’s intentional misconduct is not protected or covered by the City or WCIA.

A Volunteer who uses a personal vehicle in the business of the City must have a valid driver’s license, must produce proof of liability insurance for the vehicle used, and agrees that the Volunteer’s insurance is the primary insurance for liability.

This agreement will be in effect for the duration of my volunteer services beginning this date. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

By: \_\_\_\_\_  
(City of Longview)

\_\_\_\_\_  
(Volunteer Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
( City/State/Zip)

\_\_\_\_\_  
(Phone)