"The Pass of the Oaks"
City of El Paso de Robles
1000 Spring Street, Paso Robles, CA 93446
www.prcity.com

Library Adult Volunteer Program
Application

LIBRARY & RECREATION
S E R V I C E S

Name and Address Fields with an asterisk (*) are required.

First Name:_____* Last Name: _____*

Street Address: _____* City: _____* Zip: _____*

Home Phone*: _____Work Phone: _____Cell Phone: _____

Email Address: _____

Emergency Contact Information

First Name: _____* Last Name: _____*

Contact Number:_____* Relationship: _____*

Demographic Information

You may optionally provide the following information. It is used to help us get a better idea of the demographic makeup of our volunteers and to recognize birthdays.

Gender: ☐ Female ☐ Male ☐ Over 55?

Birthday (Month/Day only): _____

My Program Choice is: ☐ Ongoing ☐ Express!

The Library offers two volunteer programs. The Express! Program is a 6-week, two hours per week, opportunity to assist staff in shelving materials and completing various tasks. The Ongoing program is a 2-4 hour per week, one year commitment that provides an opportunity for a broader learning experience. For more information, please refer to the Library Volunteer page on the city's website.

Availability for Ongoing Program

If you are applying for the Library's Ongoing Volunteer Program, please indicate the days and times you are usually available to volunteer. Checking these boxes does not commit you to those shifts; it only indicates your availability.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30-10:00						
10:00-1:00						
1:00-5:00						
5:00-8:00						CLOSED

Availability for Express! Program

If you are applying for the Library Express! Volunteer Program, days and times will be discussed during the interview process.

Training, Skills, Volunteer Experience

Do you have any particular training, skills, or volunteer experience you'd like to share?

Hobbies and Interests

Do you have any hobbies or interests you'd like to share?

References* (Must be a non-relative)

First Name:_____* Last Name: _____*

Contact Phone: _____* Relationship:_____*

First Name:_____* Last Name: _____*

Contact Phone: _____* Relationship:_____*

VOLUNTEER AGREEMENT

I understand that as a volunteer for the City of Paso Robles, I may be subject to fingerprinting. I agree to comply with the City of Paso Robles' rules and procedures to the best of my ability. I agree to respect the confidential nature of information I may obtain. I agree to participate in orientation and training as required by my assignment. I also agree to allow publication of my photo in promotional materials for the City of Paso Robles, including but not limited to, the city web site and the Activity Guide.

PARTICIPANT WAIVER: Waiver must be completed prior to participation in any volunteer activity. Participant has elected to take part in certain library and/or recreational activities. In consideration for and as a condition of such participation, participant agrees to assume all risks incidental to such participation and agrees to hold the City of Paso Robles, its instructors, and employees harmless from all suits, claims, or demands of every kind and character arising out of or in connection with the undersigned as participant in said volunteer program. Participant further releases the City of Paso Robles, its instructors and employees, from all suits, claims or demands of every kind and character that participant's successors or assigns shall or may have arising out of or by reason or in connection with the course of instruction and/or activities contemplated in the program. Participant represents that participant is in good physical condition and physically fit to participate in the program.

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), the City of Paso Robles will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. The City of Paso Robles will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcome in the City of Paso Robles offices, even where pets are generally prohibited.

Contact Information: Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the City of Paso Robles, should contact the City of Paso Robles no later than 48 hours before the scheduled event. The ADA does not require the City of Paso Robles to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Applicant's Signature: _____* Date: _____*