

# Wakulla County Library Youth Volunteer Enrollment Form

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

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

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (daytime) \_\_\_\_\_

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

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Are you on any medications or have any health issues that could affect your volunteer experience?

\_\_\_\_\_

Do you have any previous volunteer experience?

\_\_\_\_\_

\_\_\_\_\_

What is your preferred work schedule?

*Library hours are:*

*Tues & Thurs. 9AM – 8PM, Wed. & Friday 9AM – 6PM, Saturday 9AM – 1PM*

Hrs Avail.	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning					
Afternoon					
Evening					

Please check your area of interest, skill, and talent:

**Public Services: Behind the Scenes:**

Circulation \_\_\_\_\_ Circulation (check-in) \_\_\_\_\_

Computers \_\_\_\_\_ Clerical \_\_\_\_\_

Computers \_\_\_\_\_

Data processing \_\_\_\_\_

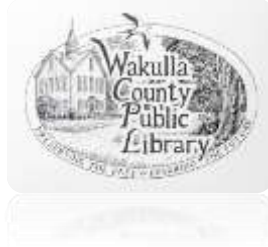
Information Desk \_\_\_\_\_ Internet \_\_\_\_\_

Shelving \_\_\_\_\_

Other (be specific): \_\_\_\_\_

Why would you like to volunteer at the library? \_\_\_\_\_

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



## **WAKULLA COUNTY PUBLIC LIBRARY PARENT GUARDIAN/CONSENT FORM**

I, \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_, Hereby give my consent for him/her to participate as a volunteer at the Wakulla County Public Library. I understand that he/she must comply with the following:

- A volunteer must participate in an orientation/training prior to beginning volunteer service at the Library.
- A volunteer must work out a weekly schedule of volunteer hours with the department in which the volunteer is assigned.
- A volunteer is expected to be faithful in honoring his/her commitment; in the event that the volunteer is not able to work on a day assigned, he/she will notify the assigned department.
- A volunteer must be supervised by a county employee.
- A volunteer must follow all safety regulations pertaining to the volunteer job.

I also understand that, should he/she fail to comply with the guidelines or fail to keep a commitment without advance notice, participation in the program will be re-evaluated. I do hereby grant and convey unto Wakulla County Public Library all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of Wakulla County Public, or made with its consent, during my volunteering with the Wakulla County Public Library and/or any project, activity, or event sponsored, managed, arranged, or promoted by or otherwise affiliated or associated with Wakulla County Public Library, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. \_\_\_\_\_ (initials)

By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

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