



"Enriching Lives"

COUNTY OF LOS ANGELES PUBLIC LIBRARY  
VOLUNTEER APPLICATION



Name (Ms. Miss Mrs. Mr.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Business Phone \_\_\_\_\_

Present or Previous Jobs (Please include volunteer experience also) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Education, Skills, Hobbies, Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other Languages Known: \_\_\_\_\_

In emergency, contact: Name: \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ Evening Phone \_\_\_\_\_

I hereby certify that all the statements made in connection with this application for a volunteer assignment are true to the best of my knowledge. I hereby authorize the County of Los Angeles Public Library to obtain a record of my criminal convictions from the California Department of Justice or any other agency that collects records of criminal convictions.

\_\_\_\_\_  
Date Signature of Applicant Signature of Interviewer

If under 18 years of age: Name of parent or guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

SIGNATURE of parent/guardian consenting to applicant's serving as a volunteer

**FOR YOUTH APPLICANTS BETWEEN 14 AND 17 YEARS OF AGE:**

I understand that obtaining criminal conviction information is a necessary part of the volunteer application process for the County of Los Angeles. Therefore, I hereby authorize the County of Los Angeles Public Library to obtain a record of my child's criminal convictions from the California Department of Justice or any other agency that collects records of criminal convictions.

\_\_\_\_\_  
SIGNATURE of parent/guardian consenting to obtaining applicant's criminal conviction record

OVER

The Volunteer must provide their own transportation.

In which library, including Library Headquarters, are you willing and able to volunteer:

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It will be helpful to make regular assignments in order to set up a schedule. Volunteers are asked to commit at least 2-3 consecutive hours per week. Which day(s) and hours would you be available:

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Which tasks are you interested in performing? \_\_\_\_\_

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**Applicant's References:** As part of our selection process, it is the policy of the Public Library to check applicant's references. To assist us, please read and sign this consent statement, and list a minimum of two personal references as well as one employer (optional) below.

**Consent Statement:** I hereby authorize a designee of the County of Los Angeles Public library to verify any written representations made by me, concerning application to be a volunteer with the County of Los Angeles Public Library.

Further, I hold harmless any individual or firm for any information that it may provide. I understand that the designee of the County of Los Angeles Public Library may contact individuals or organizations other than those I have provided as a reference in this process. In addition, the designee of the County of Los Angeles Public Library has my consent to discuss with individuals or organizations other information which may be pertinent to my application to volunteer with the County of Los Angeles Public Library.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Name of Library

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**REFERENCES**

**TYPE:** (Personal, Employer)

1. Name: \_\_\_\_\_

Personal or Employer (circle one)

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

Phone: (     ) \_\_\_\_\_

City, ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_

Personal or Employer (circle one)

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

Phone: (     ) \_\_\_\_\_

City, ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_

Personal or Employer (circle one)

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

Phone: (     ) \_\_\_\_\_

City, ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_





COUNTY OF LOS ANGELES PUBLIC LIBRARY  
VOLUNTEER AGREEMENT

I, \_\_\_\_\_, agree to volunteer my services to the \_\_\_\_\_ Library or in the \_\_\_\_\_ Section of the Library in the position of \_\_\_\_\_ for \_\_\_\_\_ days a week for a total of \_\_\_\_\_ hours each week.

I understand my schedule will be:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

I understand that if I am accepted as a Volunteer for the County of Los Angeles Public Library I will be expected to follow a mutually acceptable schedule, and to notify my supervisor promptly if I am unable to attend as scheduled. I also understand that I will be expected to perform my assigned tasks in a professional and efficient manner. The County of Los Angeles Public Library is counting on my services.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE AGREEMENT BEGINS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE AGREEMENT ENDS

\_\_\_\_\_  
VOLUNTEER SUPERVISOR

\_\_\_\_\_  
TELEPHONE