

## The Blythe Library Adult Volunteer Application

Nam	e and Addres	s Fields with ar	n asterisk (*) are r	equired.				
First	Name:			* Last Name	e:			*
Street Address:				* City:		_* Zip:	*	
Hom	ne Phone*:		Work Phone	e:	Cell Phone:			
Ema	il Address*: _							
		ct Information						
First	Name <sup>,</sup>			* Last Nam	e.			*
				* Last Name:* * Relationship:				
	ability							
			ıry's Ongoing Volu hese boxes does r					
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	8:30-10:00							
	10:00-2:00							
	2:00-5:00							
	5:00-8:00							
	if we have en		Thursday 2-8 and support. If there a					
Tuolio	ing Chille Va	Luctor Eversion						
		lunteer Experie						
Do y	ou have any	particular trainir	ng, skills, or volunte	eer experience	you'd like to sha	are?		

## **VOLUNTEER OPPORTUNITIES**

Please let us know what you would be interested in doing for the Library by checking the appropriate boxes below.

<u>Circulation</u> : Check-out & Check-in books and materials for patrons	Computer Instruction: Facilitate computer classes for adult & senior patrons.
ESOL Tutor: Facilitate small groups of adults (or children) to improve English Literacy	Read to Succeed: Provide after school tutoring in reading for first thru third graders.
Kids programs: Storytime and craft activities for toddler thru elementary aged children	<u>Used Book Sale</u> : Help generate funds for the library by sorting and maintaining the used book shelves.
Special Events: Promote the library within our community	Collection Support: Assist with library inventory.
Friends of the Library: Board and committee members assisting with fundraising and membership	Secretarial/Paperwork: Assist with filing, typing, data, book repair, research

Hobbies and Interests					
Do you have any hobbies or interests you'd like to share?					
VOLUNTEER AGREEMENT					
I understand that as a volunteer for the City of Blythe Library, I am required to submit my background check, marked "work with children" to City Hall, along with this application. I agree to comply with the Blythe Library volunteer 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.					
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 Blythe 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 Blythe 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.					
Applicant's Signature:* Date:*					
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