Teen Library Volunteer

Need volunteer hours? We offer teen 2 volunteer paths to choose from:

1. Weekly scheduled volunteer hours.
   a. To set up a weekly schedule please complete the attached form and return it to your local Long Beach Neighborhood Library.
2. Special events volunteer hours.
   a. To help with special events, please complete the attached form and email to the Volunteer Services Librarian at lbpl_volunteers@lbpl.org
   b. Our Volunteer Services Librarian will contact you about opportunities to help with Library Special Events.

Qualifications:

• Desire to help someone else.
• Punctual, friendly, patient, optimistic, and dependable.
• Relates well to a variety of people.

Location: To be determined

Weekly scheduled volunteers

Hours: Commitment to work at least 1-2 hours a week

Training: Volunteers will receive an initial in-person orientation, training and schedule.

*Volunteers work based on the needs of the library and may be released at any time.

For additional questions please contact the Volunteer Services Librarian by phone at (562) 570-7500 or by email at lbpl_volunteers@lbpl.org.

For more volunteer opportunities please visit the volunteer’s opportunities page: http://www.longbeach.gov/library/connect/volunteer-opportunities
Volunteer Application
(Please print or type)

First Name: ___________________________ MI: ______ Last Name: ___________________________

Address: ________________ City: __________ State: ______ Zip: __________

Phone: Hm: (     ) Work: (     ) Birth Date: ______ / ______ / ______

Driver’s Lic.#: ________________ State: ______ Exp.: ______

Email: ______________________________

Languages (if other than English): ________________________________________________

Have you ever been convicted of a felony? □ YES □ NO

Do you require any special accommodations? □ YES □ NO If yes, please explain: ________________

Who to contact in case of an emergency?

Name: ___________________________ Relationship: ________________ Phone: (     )

Please list all days and times you are available to volunteer: ___________________________________________________________

Please check Long Beach Public libraries of interest:

☐ Billie Jean King Main Library ☐ Dana
☐ Alamitos ☐ El Dorado
☐ Ruth Bach ☐ Harte
☐ Bay Shore ☐ Los Altos
☐ Burnett ☐ Mark Twain
☐ Brewitt ☐ Michelle Obama

Please list skills or talents which you would be willing to share with others: ________________

Applicant’s Signature: ___________________________ Parent’s or Guardian’s Signature: ___________________________

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**For office use only**

Has the Applicant above been fingerprinted? □ YES □ NO If yes, fingerprint date: ______ / ______ / ______

Staff Signature: ________________ Site: ________________ Date Received: ______ / ______ / ______
Mission Statement:
The Long Beach Public Library is committed to meeting the information needs of our culturally diverse and dynamic population.

- We provide quality library service through a staff that is responsive, expert, and takes pride in service.
- We offer a wide selection of resources and materials representing all points of view.
- We support lifelong learning, intellectual curiosity, and free and equal access to information.

The Library expects to:
- Provide a safe working environment.
- Provide supervision and training necessary for assigned tasks.
- Treat volunteers as valuable contributors to the success of the library.
- Provide 15 minute breaks for every four hours of work.

Volunteers are expected to:
- Keep as their number one priority, to provide outstanding, helpful and friendly service.
- Arrive to work on time and ready to work.
- Give ample notice and call immediately if unable to work at their assigned time.
- Dress appropriately. Denim is allowed if clean, free of rips, and is not baggy or too tight.
- Report to their supervisor or librarian in-charge upon arrival for work.
- Keep track of their hours by signing in and out each day.
- Wear their volunteer badge at all times. No exceptions.
- Be courteous to patrons and staff at all times.
- Immediately notify their supervisor or librarian in-charge of any problem situations or customer complaints.
- Use the telephones only for business calls.
- Use personal cell phones only for emergencies.
- Use the library’s public computers only for assisting patrons.

The Library reserves the right to dismiss any volunteer for poor performance, excessive absenteeism or misconduct. Thank you for your interest in volunteering.

Volunteer Name  (Please print)  Volunteer Signature

Parent’s Name  (Please print)  Parent’s Signature  (For volunteers under 18 years of age)
(For volunteers under 18 years of age)

Supervisor’s Name (Please print)  Supervisor’s Signature
CITY OF LONG BEACH VOLUNTEER

All City of Long Beach Volunteers must sign the waiver and release of claim below. If you are a minor (under 18 years of age) your parent or guardian must also sign this form.

Name: ___________________________ Date Of Birth: ________________

Home Address: ______________________________________________________

Home Phone: ___________________ Cell Phone ________________________

School Attending: ___________________________________________________

EMERGENCY CONTACT INFORMATION

Parent / Guardian Name: _____________________________________________

Parent / Guardian Address: __________________________________________

Home Phone: ___________________ Work Phone: _______________________

RELEASE OF LIABILITY

“I waive and forever release and discharge the City of Long Beach, and its officers, employees and agents from all liability, claims or losses arising from or attributable to my participation as a volunteer. I hereby waive the right to make any claim against the City of Long Beach, or its agents or employees, for any injuries or damages, charges or expenses, including attorney’s fees, which might be sustained as a result of my participation as a volunteer for the City of Long Beach. This waiver is given in partial consideration for permission granted by the City of Long Beach to participate in City activities. I further understand the City does not provide any form of insurance for volunteers.

Volunteer Signature ________________________________________________ Date: __________________________

Parent/Guardian Signature (If volunteer is a minor) ___________________________ Date: __________________________

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