

Volunteer Application | Longview Public Library



Please read the Volunteer Handbook before filling out this application.

Return the completed form to Longview Public Library or mail to Longview Public Library - Volunteer Services, 1600 Louisiana Street, Longview, WA 98632. Incomplete applications will not be accepted. Submission of a completed application does not guarantee you becoming a volunteer, nor does it guarantee we will always have tasks for you to complete as a volunteer at any given time.

I am interested in volunteering as a (mark all that apply):

- Shelving Volunteer
- Events and Programs Volunteer
- Summer Reading Program Volunteer
- Homebound Delivery Volunteer
- Project READ Volunteer
- Friends of the Library Volunteer
- Friends of the Rose Garden Volunteer
- Seed Library Volunteer

Personal Information

Date: _____

First name: _____ Last name: _____

Pronouns: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Home phone: _____ Cell phone: _____

Email: _____

Best way to contact you: Home phone Cell phone Email

Date of birth*: _____

*This information is to verify eligibility for projects or activities, for demographic reporting to funders, and for conducting a background check.

Educational Background

Highest level of education:

- High School/GED Associates Degree Undergraduate Degree
 Graduate Degree Post-Graduate Degree Other: _____

Professional Background

Currently employed? Yes No Retired? Yes No

Reason for Volunteering

Why are you interested in volunteering at the library?

- Community involvement Build work experience School service hours
 Corporate volunteer program Ordered by courts/probation
 Unpaid Internship Other: _____

Are you required to perform service hours? Yes No

Number of hours required: _____ Date hours need to be completed: _____

Availability

I am interested in volunteering (check all that apply):

- Three months Six months Nine months (a school year) Weekends only
 One year Ongoing Occasional event Other _____

Current Skills and Library Experience

Skills:

- Advanced computer skills Basic computer skills Clerical skills
 Database management Event management Crafts
 Group facilitation Mending or bookmaking
 Public speaking Working with diverse populations
 Teaching experience Other: _____

Library experience:

- Checking in books Computer assistance
 Instructing classes Shelving books
 Program assistance Reference Other: _____

Languages

Are you fluent in a language other than English?

Spanish Chinese Russian Vietnamese Other: _____

Volunteer Experience

Have you volunteered for Longview Public Library before? Yes No

If yes, when/in what department did you volunteer?

Are there any reasonable accommodations you need to volunteer at the Longview Public Library safely and successfully?

List other volunteer experience:

References:

First name: _____ Last name: _____

Phone: _____ Number of years known: _____

How do you know this person? _____

First name: _____ Last name: _____

Phone: _____ Number of years known: _____

How do you know this person? _____

Emergency Contact information:

Name: _____ Phone: _____

Email: _____ Relation: _____

Name: _____ Phone: _____

Email: _____ Relation: _____

Volunteer Application Agreement

I understand and agree that Longview Public Library may investigate any information that I furnish in association with this volunteer application and perform whatever background investigation the City of Longview deems appropriate. Any misrepresentation on this form can be cause for withdrawal of any offer or termination of a volunteer agreement.

If I become a volunteer at Longview Public Library, I understand that the Library may choose to end my volunteer status at any time. I understand that I will not be paid for my services as a volunteer, and I expect no compensation.

If offered a volunteer position I agree to comply with all lawful rules, policies, standards, and guidelines of Longview Public Library and the City of Longview.

***Applicants under the age of 18 require the signature of a parent or legal guardian along with the applicant's signature.**

Print name: _____

Signature: _____

Parent/Legal Guardian

I _____ give permission for my minor child to volunteer at Longview Public Library if she/he is selected. I have read the qualifications, duties, and time requirements for volunteering at the Longview Public Library and will assist my minor child in keeping his/her commitment if selected. I understand that submission of this application is not a guarantee that my minor child will be selected as a volunteer, and that hours are assigned on a first come, first-served basis.

Print name: _____

Signature: _____ Date: _____

For office use only:

_____ Background Check	_____ Number	_____ Timesheet
_____ Safety Training	_____ Database	_____ Badge
_____ Orientation	_____ Scheduled/Matched	_____ Vaccinated



AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES

This Agreement is made by and between the City of Longview, a political subdivision of the State of Washington hereinafter referred to as the "City", and _____, hereinafter referred to as the "Volunteer." (print name)

PURPOSE: The purpose of this Agreement is to outline the responsibilities of the City in providing volunteer opportunities, and to create an understanding between the City and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for the City, including but not limited to, practical work experience, recreational programs, senior programs, police resource centers, and academic internships.

AGREEMENT FOR NON-COMPENSATED SERVICES: The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement EXCEPT for State Labor and Industries Industrial Insurance medical aid coverage.

In consideration of the City giving me permission to perform these volunteer services, I understand that: (Please initial the following)

- _____ I am not to appear for volunteer service under the influence of any illegal drugs or alcohol. The Volunteer agrees to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.
- _____ I am not to have child(ren) with me, during my volunteer activities, that are under 14 years of age. If I do bring with me any child(ren) under 14 years of age (which is a violation of this agreement), I understand I will be held solely liable, and assume all risk of liability, for my child(ren)'s actions and agree to hold the City harmless from any and all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.
- _____ I will abide by all City policies regarding personal conduct while performing volunteer services.
- _____ I agree not to go beyond the scope of volunteer work agreed to without authorization.
- _____ I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
- _____ Depending on the scope of volunteer work, the following policies may apply: Driving, Safety Procedures, Computer Operation, Dress Code, Anti -Harassment, Confidentiality
- _____ Should an injury occur during the scope of my service the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.
- _____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to _____
Library Staff

BACKGROUND CHECKS: I consent to the City performing a background check into my history in accordance with RCW 43.43.830–839 and waive any right of privacy I may have in such information for the limited purpose of the City considering it for determining my suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children developmentally disabled persons, or vulnerable adults or who will be working with confidential information.)

TERMINATION: I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

WAIVER & HOLD HARMLESS: I am fully aware that the work associated with being a City Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City’s Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

LIABILITY COVERAGE: I understand that the City is self-insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City’s liability coverage with WCIA. I am fully aware that a volunteer’s intentional misconduct is not protected or covered by the City or WCIA.

A Volunteer who uses a personal vehicle in the business of the City must have a valid driver’s license, must produce proof of liability insurance for the vehicle used, and agrees that the Volunteer’s insurance is the primary insurance for liability.

This agreement will be in effect for the duration of my volunteer services beginning this date. Dated this _____ day of _____, 20____ .

By: _____
(City of Longview)

(Volunteer Signature)

(Address)

(Parent/Legal Guardian Signature)

(City/State/Zip)

(Phone)

Notice of COVID-19 Vaccination Policy for Volunteers

As per the Proclamation 21-14.5: COVID-19 Vaccination Requirements provided by Washington State Governor, Jay Inslee, the Longview Public Library requires all volunteers who will work with vulnerable population groups (including seniors and children under 18 years of age) to provide proof of current vaccination status. While libraries are not specifically listed under the Proclamation, the Longview Public Library has chosen to utilize the same requirements provided for other education and childcare settings.

Volunteer types that require current COVID-19 vaccination status are as follows:

- Homebound Delivery (Outreach) Volunteers
- Events and Programs Volunteers
- Summer Reading Program Volunteers

All other volunteer types do not require proof of vaccination, provided they do not perform the duties of the volunteer types listed above at any time.

If your vaccination status changes and you can provide proof of such, you may let your volunteer supervisor know if you wish to become one of the types of volunteers listed above, and your candidacy for the position will be evaluated as per the Library's volunteer recruitment procedures.

Please sign to indicate you understand and agree to follow this policy.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Volunteer Attestation of COVID-19 Vaccination

As part of our efforts to provide a safe workplace and comply with Washington State Labor & Industries, Department of Occupational Safety & Health Directive 1.70, City of Longview, Washington is verifying volunteers who have received the complete series or single dose COVID-19 vaccine.

Please complete this form to acknowledge you have received the vaccine, and that your Volunteer Coordinator has verified (visually looked at your official hard copy or digital photo of your vaccination record). The City will review the dates that you were provided your vaccination. This will determine when each volunteer is considered fully vaccinated (individuals are considered 'fully vaccinated' after two weeks).

When completing this form, just fill in the blanks and do not provide any additional medical information, or any other information related to why you may not have received a COVID-19 vaccine. Simply fill in your name, check the appropriate box, and add the vaccination date being requested. Complete form by providing a signature and date. If your situation changes in the future, please provide an updated attestation.

My name is (please print legibly) _____, and I attest that (check only one box):

- I received the **2nd dose** of the Pfizer or Moderna series or the **single dose** of Johnson & Johnson COVID-19 vaccine on _____ (enter date).
- I received the first booster of the COVID-19 vaccine on _____ (enter date) and a second booster on _____ (enter date or N/A).

Please complete an updated Volunteer Attestation of COVID 19 Vaccination form upon change of vaccination status.

By my Volunteer Coordinator signing this form, they have visually reviewed and confirmed the official date of vaccination on the hard copy or digital photo provided on the vaccination record.

Volunteer Signature

Date

Parent/Guardian Signature

Date

Volunteer Coordinator Signature

Date