

ROSEBURG PUBLIC LIBRARY

1409 NE Diamond Lake Blvd., Suite 100 | Roseburg, OR 97470

VOLUNTEER APPLICATION

Name		Phone		Date of Birth	
Mailing Address		City/State		Zip	
Email					
OPTIONAL Emerç	gency Contact Name				
Relationship to You		Emergency Contact Phone			
What skills, or experie	ence, do you have tha	t we should know ab	oout?		
Computer profice Customer service Cash handling Additional langu	-	Previou	ence working with us library experier us volunteer expe	nce	
What tasks interest your Circulation/cust Shelving Storytime/Child Makerspace/3D	omer service ren's room	Book S Proces	ales sing books for on	line sale	
Reference Name (not a relative)		Relationship			
Phone					
_	e available to voluntee tilized only when supe		rk are available.**	•	
Tuesday 1 pm-3 pm 3 pm-5 pm 5 pm-8 pm		Thursday 1 pm-3 pm 3 pm-5 pm 5 pm-8pm		10-12 pm	

Photo release (please choose one):

 ☐ I give permission to publish my photo in printed libramarketing publications in association with Roseburg Public ☐ I do not give Roseburg Public Library permission to public 	Library.
I understand that I am not an employee of the City of Findependent volunteer. As such, I am not entitled to any pronor any laws relating to hours of work, rates of compensation	ovisions of law regarding City employment,
I authorize the City of Roseburg to perform a background chand hold harmless the City of Roseburg from any claims fo volunteer services.	,
Signature of Volunteer Identified Above	Date
Name & Title of City Employee Responsible for Volunteer	
Signature of City Employee	Date