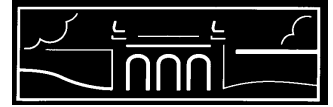




SOUTH PASADENA PUBLIC LIBRARY
1100 Oxley Street South Pasadena, CA 91030 (626) 403-7358



TEEN VOLUNTEER APPLICATION COVER FORM

Name _____ Grade _____ Date ____/____/____

Have you ever worked at a library before? Yes _____ No _____

If yes, which library? _____ What was your title? _____

Do you speak, write, or understand another language? Yes _____ No _____

If yes, which language(s)? _____

Do you have any extracurricular activities that might conflict with volunteering?

Skills/Hobbies/Interests _____

Please check all special skills and/or interests you have.

- Translating Chinese/Korean/Spanish language titles
- Preparing crafts
- Summer Reading Program (Please complete other side.)
- Teen Advisory Board (TAB)

What semester of TAB are you interested in applying for:

- Fall (Sept., Oct., Nov.)
- Spring (Feb., Mar., Apr.)

Explain why you want to be in TAB:

Other: _____

Signature of Applicant: _____ Date: _____

-----For Library staff use-----

Application received: _____ / Supervisor _____ / Date _____



APPLICATION FOR VOLUNTEER EMPLOYMENT

City of South Pasadena

Human Resources Office

1414 Mission Street, South Pasadena, California, 91030

Telephone (626) 403-7312 ♦ FAX: (626)403-7313

INSTRUCTIONS: Thank you for your interest in volunteering with the City of South Pasadena. All information provided will be kept strictly confidential and is for the sole use of the volunteer program. Please complete the application fully and return it to the Human Resources Office. If you need assistance completing this form please contact (626) 403-7312.

PERSONAL INFORMATION:

Last Name	First Name	Middle Initial
Address	City State	Zip Code
Occupation:	Employer Name:	Work Phone:
Email address:	Home Phone	Cell Phone

EMERGENCY CONTACT: *(Please list two persons.)*

Name	Phone	Relationship
Name	Phone	Relationship

1. Do you have a CA driver's license? _____ DL#: _____ Class: _____
2. Are you over 18? Yes: _____ No: _____ (If no, fill out Minor Volunteer section)
3. Do you have a physical or mental condition which will require any special accommodation in the selection process? Yes: _____ No: _____
4. Have you ever been convicted of a violation or attempted violation of Section 243.4 of the Penal Code, a sex offense against a minor, or of any felony, which requires registration pursuant to Section 290 of the Penal Code? Yes: _____ No: _____
5. Have you ever been convicted of any offense other than a minor traffic violation/infraction? Yes _____ No: _____ (If "yes", you must attach a separate sheet and fully disclose the nature of each conviction, city, state, and disposition.)

VOLUNTEER AND EMPLOYMENT EXPERIENCE: *(Please attach resume.)*

Company Name: From: Month/Year To: Month/Year Supervisor: Phone:	Job Duties:
Company Name: From: Month/Year To: Month/Year Supervisor: Phone:	Job Duties:

PLEASE SPECIFY AREA OF SKILL, AND INTEREST:

Are you fulfilling community service requirement for your school? Yes _____ No _____

If yes, check here: SPHS _____ Other _____

Minor Volunteer Information Section:

Age of Minor: _____

Name of Parents or Legal Guardian: _____

Parent's of Legal Guardian's Day time phone: _____

Emergency Contact: _____ Phone: _____

Note: Court-ordered community service hours are not accepted.

Type of work desired: _____

Do you have any special training: _____

List days and times periods you would be available.

<i>Days</i>	<i>Morning</i>	<i>Afternoon</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statement contained in this application for volunteer employment as may be necessary in arriving at a decision. I understand that, when volunteering for the City of South Pasadena, I am expected to follow departmental policies, rules, and regulations relevant to the work being done. EEOC Employer.

Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Arrange Interview: Yes _____ No _____ Date of Interview: _____

Remarks: _____

Position Requested: _____

Interview Staff: _____

LiveScan fingerprinting (Required for all Volunteer positions.)

Yes _____ No _____

Start Date: _____

Length of Assignment: _____

Recommendation: _____

Supervisor Name: _____ Supervisor Signature: _____

VOLUNTEER PROGRAM RISK MANAGEMENT CHECKLIST

- Volunteer Application Completed [Date: _____]
- Volunteer Agreement Signed [Date: _____]
- Volunteer Acknowledgment of Worker's Compensation Signed [Date: _____]
- Volunteer Waiver and Release Signed [Date: _____]
- Volunteer Service Statement Signed [Date: _____]
- Volunteer Manual Provided to Volunteer [Date: _____]
- License Verification Obtained [Date: _____]
- DMV print out and copy of DL Obtained (copy attached) [Date: ____ _]
- Health/Physical Issues Addressed and Reviewed (medical notes/records attached, if necessary) [Date: _____]

(Application for Volunteer 1/26/11)