



# Rancho Cucamonga Library Services

## STUDENT VOLUNTEER APPLICATION

Thank you for your interest in volunteering time to assist in the overall operation of your library. Fill in this form completely, including the waiver on the reverse side. **\*You must complete at least 15 hours of service before the library will sign off on your community service. There will be no interim sign offs. \*The library cannot accept court referrals. \*\*Note: All Volunteers age 18 and over must be fingerprinted according to California state law.**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Please Print)                      Last    First

ADDRESS: \_\_\_\_\_  
                    Number & Street Name                      Apt. #                      City                      Zip Code

HOME PHONE: \_\_\_\_\_                      OTHER PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_                      DATE OF BIRTH: \_\_\_\_\_

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Please mark positions in which you are interested  
(Note minimum age requirements for volunteering)

\_\_\_ Picture Book Shelving (14)

\_\_\_ Reading Enrichment Tutor (16): Tutoring children at both libraries

\_\_\_ Summer Reading Program (14): Accepted Jan-June only

\_\_\_ Children's Programming (14): Assist with Children's special events

\*Please note whether you wish to volunteer at the Archibald or Biane Library \_\_\_\_\_

(Over, please)

City of Rancho Cucamonga  
Volunteer Services Agreement  
Release of Liability and Assumption of Risk

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied to participate in performing library assigned duties and services for the City of Rancho Cucamonga. I am voluntarily participating in these activities with the knowledge that there is some risk that I may be injured in the course of performing these services. I understand that the City's policy is to cover volunteers as employees of the City for purposes of Worker' Compensation benefits. I also understand that under Workers' Compensation laws and Workers' Compensation benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services.

With the exception of Workers' Compensation benefits, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the City of Rancho Cucamonga, its officials, officers, employees, or agents for injury, illness or damage resulting from negligence, howsoever caused, by any official, officer, employee, or agent of the City of Rancho Cucamonga as a result of my participation in the volunteer activity or service. In addition, I hereby release and discharge the City of Rancho Cucamonga, its officials, officers, employees and agents from all actions, claims, demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian\*

\_\_\_\_\_  
Print Name

\*Signature of parent or guardian is required if volunteer is under age 18.