VOLUNTEER APPLICATION FOR RANCHO CUCAMONGA LIBRARY SERVICES

Thank you for your interest in volunteering time to assist in the overall operation of your library. **Please fill in this form completely, including the waiver on the reverse side**.

DATE: _____

NAME: _____
(Please Print) Last First

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

HOME PHONE: _____ OTHER PHONE: _____

If you are volunteering for **community service credit***, mark this box ☐. **NOTE: You must complete at least 40 hours of volunteer work before the library will sign off on your community service; there will be no interim sign offs.** List the name of the school or program for which you need community service credit (include the telephone number & name of the program coordinator, if known):
_____

UNDER 18? What is your date of birth? _____ *Your parent or guardian must sign on the reverse!*

*If you want to volunteer because of a **court referral**, note that the library does **not** accept court referrals.
Please contact the city volunteer coordinator at 477-2700, X8006.

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

Position	Minimum Age	Position	Minimum Age
☐ Literacy Tutor (Archibald, tutoring adults)	**18**	☐ Picture Book Shelving	**14**
☐ Reading Enrichment Tutor (tutoring children)	**16**	☐ Summer Reading Program (Accepted March, April & May only)	**14**
☐ Housecalls (Archibald, homebound patrons)	**18**		

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

Check here ☐ if you are interested in working in the bookstore operated by the Friends of the Library; a copy of this application will be forwarded to them for their consideration. Note that the minimum age to volunteer in the bookstore is **18**.

Note: All Volunteers over 18 must be fingerprinted due to California State Law.

(Over, please)

Agreement Assuming Risk of Injury and/or Damage Waiver and Release of Claims

WHEREAS, the undersigned has volunteered his/her services in the City of Rancho Cucamonga, and has further requested permission to be supervised by a member or members of said City during the active performance of their official duties.

NOW THEREFORE, be it understood that the undersigned hereby agrees that the City of Rancho Cucamonga, its officers, directors, employees, elected officials, and their sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his estate, or heirs, for any injury, damage, expense or loss to the person or observer in any City vehicle or while accompanying a member of said City during the active performance of his official duties.

NOTE: READ THE ENTIRE DOCUMENT COMPLETELY BEFORE SIGNING

DATE: _____ in the County of San Bernardino, City of Rancho Cucamonga, State of California.

SIGNED: _____ PHONE: _____

ADDRESS: _____

IF YOU ARE UNDER 18, A PARENT OR GUARDIAN MUST SIGN BELOW.

PRINTED NAME OF PARENT OR GUARDIAN: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

EMERGENCY PHONE NUMBERS:

Home: _____ Other: _____

Please do not list pager numbers if there is a regular number where you can be reached.

If you do not want to drop this form at one of the desks in the library, please mail it to this address:

Rancho Cucamonga Library Services
Attn: Volunteer Coordinator
12505 Cultural Center Dr.
Rancho Cucamonga, CA 91739

Volunteer Coordinator voice mail number: (909) 477-2720, extension 5053