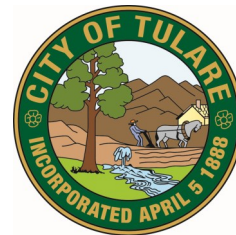




Tulare Public Library Volunteer Application

475 North M Street | Tulare, CA 93274 | (559) 685-4500



LIBRARY HOURS:

Tuesday-Friday: 10am-7pm | Saturday: 10am-5pm | Closed: Sun. & Mon.

Contact Information

NAME:

STREET ADDRESS:

CITY:

STATE:

POSTAL CODE:

HOME PHONE: (___) - ___ - ____

CELL PHONE: (___) - ___ - ____

BIRTHDATE: __/__/____

E-MAIL ADDRESS:

Have you volunteered at the Tulare Public Library before?

When Would You Like To Volunteer?

Mark day/s available to volunteer with an "X" & then put with the number of hours you are available below:

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Hours: _____

Hours: _____

Hours: _____

Hours: _____

Hours: _____

Areas Of Interest

Adult Only* (18+)

Volunteer Opportunities for Ages 13+*

___ Adult Literacy Tutor
(Through Tulare County's
"Read to Succeed")

___ Book Wrangler

___ Friends of the Tulare Public Library (*Through Friends*)

___ K-12 Homework Help (16+)

___ Technology Docent

___ Teen Advisory Board (*High School Students*)

___ Veterans Resource Center

___ Volunteer as a Couple/Family Volunteer Program

___ Other (*Internal Partner*)

___ Genealogy @ TPL (Through
"Sequoia Genealogical Society")

*Fingerprinting required for all volunteers ages (16+).

Person To Notify In Case Of Emergency

NAME:

PHONE:

RELATIONSHIP:

Agreement And Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the volunteer program. I also agree to indemnify, hold harmless, and release the city of Tulare, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or videotape taken of my child/ward participating in this volunteer activity may be used for outreach, education, or documentation purposes by Tulare Public Library.

*If you are 16 and over, you must be fingerprinted by the City of Tulare. (There is no charge to you.)

NAME (Please Print):

SIGNATURE:

DATE:

PARENT/GUARDIAN SIGNATURE (if under the age 18):