

# RETURNING Livermore Public Library Young Adult Volunteer Profile 2019

*YAVs must have a signed profile on file in order to participate*

**Civic Center      Rincon      Springtown**

Please circle the branch where you intend to work. It is okay to select more than one.

If you select Rincon or Springtown, you will be considered at those branches *first* and then at Civic Center if room allows.

## **Please Print**

Youth's Name: \_\_\_\_\_

Grade and School in September 2019: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Youth's Cell Phone: \_\_\_\_\_ Youth's Email: \_\_\_\_\_

**\*\* Note: Youth MUST REPLY TO EMAILS. This is a condition of volunteering. We recognize that youth prefer texting but email is the most efficient method for staff to use to update volunteers. If youth consistently does not respond to email notifications, they will be removed from the volunteer list.**

Parent's Cell Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

**Please tell us why you want to return as a YAV in 2019 and why we should pick you:**

**Please tell us about the last book you read for fun and what you did or did not like about it:**

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**Emergency Contact Numbers:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
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This year, YAVs will be needed to be Reading Buddies (listening to children read, and/or reading to young children, and/or talking to older readers about stories they have read) and to assist with special events & programs, storytimes, crafts, and City Council Award Night. **The number of volunteer positions is limited.**

By signing below, I, (*print name*) \_\_\_\_\_, agree that, as a Young Adult Volunteer, I will assist with the Summer Reading Program for *at least* 6 hours in June, 12 hours in July, and 6 hours in August. Note: Required hours may be less if only volunteering at Rincon or Springtown.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of YAV Applicant*



**VOLUNTEER’S WAIVER, RELEASE, ASSUMPTION OF RISK  
AND AGREEMENT FOR INDEMNIFICATION**

**LIVERMORE PUBLIC LIBRARY**  
**Civic Center**  
**1188 South Livermore Avenue**  
**Livermore, California 94550**

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

**(Please circle branch(es) where you wish to volunteer - Civic Center – Rincon - Springtown)**

**PARTICIPANT’S NAME** (please print): \_\_\_\_\_

If Minor, Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Telephone No. \_\_\_\_\_ (Home/Work) \_\_\_\_\_ (Cellular)

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Email \_\_\_\_\_

**If Participant is less than 18 years old, please provide the following information for Participant:**

Name of Parent/Guardian of Participant: \_\_\_\_\_

Telephone No. \_\_\_\_\_ (Home/Work) \_\_\_\_\_ (Cellular)

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_

.....  
I, \_\_\_\_\_, as the parent/guardian of the Volunteer, certify that my child is physically and emotionally able to be a volunteer for the City of Livermore.

In consideration of the permission given to my child to serve as a volunteer, I agree and acknowledge that:

1. \_\_\_\_\_ (initial) Activities associated with my child’s volunteering may be physically and/or emotionally demanding. I understand there a certain risks inherent in all activities and I acknowledge that my child may be subjected to the risk of personal injury, death or to the loss and/or damage of property, and that I freely, voluntarily and with full knowledge assume all such risks.

2. \_\_\_\_\_ (initial) As a Volunteer, my child: Shall not use or be under the influence of alcohol or drugs, including prescription drugs that may effect my child’s ability to serve as a volunteer; will obey all rules and conditions placed on my child’s volunteering; while volunteering will not engage in conduct that is detrimental to other volunteers, city employees and/or members of the public.

3. \_\_\_\_\_ (initial) The City of Livermore, its officers, employees, agents, designated volunteers, and sureties, and each of them shall not be responsible or liable for any personal injury, death, or

damage or loss of property incurred by my child while volunteering, whether the same shall arise by the negligence or omission of any said persons, or otherwise.

4. \_\_\_\_\_(initial) For myself and my child, and any and all heirs, executors, administrators and assigns for myself and/or my child, I hereby release the City of Livermore, its officials, officers, directors, employees, agents, designated volunteers, and sureties, and each of them, and agree to defend, indemnify and hold the City of Livermore, its officials, officers, directors, employees, agents and designated volunteers harmless from and against any and all loss, liability, damage, including but not limited to reasonable attorney, consultant and expert fees and/or court costs, directly or indirectly arising out of or in connection with my or my child's volunteering, except for the gross negligence and willful misconduct of the City of Livermore, its elected officials, officers, directors, employees, agents and designated volunteers. The foregoing agreement to indemnify shall continue in full force and effect notwithstanding the conclusion of my participation of my volunteering.

**I have carefully read this entire two page document and understand its terms. My signature is intended not only to bind myself and my child, but all successors, heirs, representatives, administrators, and assigns that me or my child may have. No oral representations, statements or inducements apart from this written agreement have been made. I further understand that my volunteering does not create an employment relationship with the City of Livermore.**

Dated \_\_\_\_\_,

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature (Parent/guardian of participant less than 18 years old)