

Livermore Public Library
Young Adult Volunteer Profile 2014

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)

Please Print

Youth's Name: _____

Address: _____

City _____ Zip _____

Home Telephone: _____ Email: _____

Cell Phone: _____

Grade and School in September: _____

Emergency Contact Numbers- Please include work number, if applicable.

1. Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

2. Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Parental Authorization

My child has permission to participate in the Young Adult Volunteer Program. I am confident that my child is capable of acting independently in scheduling YAV activities.

Signature of Parent or Guardian _____

YOUNG ADULT VOLUNTEER Medical Release

Volunteer: _____ Date of Birth: _____

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician) .

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name	Phone	Relationship

Name	Phone	Relationship

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____
Signature of Parent or Guardian



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