

El Dorado County Library Volunteer Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Driver's License #: _____

E-mail address: _____

Emergency Contact: _____ Phone: _____

Library Location Preference: (please check one)

Placerville

El Dorado Hills

Cameron Park

South Lake Tahoe

Georgetown

Pollock Pines

Days you are available to work: (please check one or more)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Please plan on 2 hours a week for a 6 month commitment. Please indicate what hours work best for you. _____

I understand that I am not entering into an employment relationship with El Dorado County and that I am not entitled to receive a salary or any employee benefits including workers' compensation. I understand that either the County or I may terminate this volunteer relationship at any time without notice. I also understand that I have an obligation to respect the confidentiality of any sensitive information and I agree that I will not disclose any such information. I understand that my obligation of confidentiality continues into perpetuity.

I understand that the County does not provide insurance coverage for personal vehicles.

Signature: _____ Date: _____

Staff Use only: Volunteer Position _____

Date received application _____ Date given to Volunteer Coordinator _____

Interview Scheduled for _____ Date(s) contacted Volunteer: _____