COMIC-CON VOLUNTEER APPLICATION

I AM A VOLUNTEER

Name _____ Date _____

Address _____ City _____

Phone _____ Email _____

Parent/Guardian Signature

(If you are under 18)

_____

You MUST BE at least 13 years old to volunteer

Have you ever volunteered before ☐ Yes ☐ No

What Skills can you offer as a volunteer? _____

_____

_____

_____

_____

As an adult have you been convicted of a criminal offense other than a minor traffic violation?

☐ Yes ☐ No

If yes, please explain nature, date and place of the conviction _____

_____

Physical demands of volunteering in the library may include but are not limited to: standing, sitting, bending, stooping, reaching, lifting, carrying, pushing, pulling, climbing, kneeling, and crouching. Are there any accommodations you might need to help you perform the duties we are asking of you?

☐ Yes ☐ No If Yes Explain _____

Volunteer Applicant's Certification and Agreement

I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I agree that if the information given in my application is found to be false in any way, it shall be considered sufficient cause for denial of volunteer status with Klamath County Library. I authorize past employers, references, and any other person to answer all questions asked concerning my employment, education, general reputation, character, and other qualities the Library deems pertinent to the assessment of my qualifications for volunteer and hereby release these individuals from any and all damages arising from furnishing any requested information. Please note that once submitted this application becomes the property of the Library. I understand that nothing contained in the volunteer application is intended to create a contract between the Klamath County Library and myself. In consideration of my volunteering, I agree to comply with the policies, rules, regulations and procedures of the Klamath County Library, which I understand may change at any time and I understand that my status can be terminated with or without cause or notice, at any time, at the option of either the Library or myself.

Signature _____ **Date** _____

Forms may be returned to South Suburban Library, 3625 Summers Ln, Klamath Falls, OR 97603
By Email: ssublead@klamathlibrary.org