

Volunteer Applicant's Code of Conduct Agreement

- Standard rules apply: no running, horseplay, or inappropriate language.
- Be polite and friendly to all patrons, staff members, and fellow volunteers.
- No cellphone use unless on break, or in case of emergencies.
- When you are volunteering please focus on the task assigned until it is complete.
- Friends and/or significant others should not be keeping you company during your scheduled volunteer hours.
- If you are unable to make it in when you are scheduled please call the library and let us know as soon as possible.
- Refer to your task list at the beginning of each shift and after completing a task.
- If you fail to follow the code of conduct you will lose the opportunity to volunteer at the library.
- If you have any problems or questions find a staff member.

Volunteer applicant's signature:

Date: _____

Date: _____

Klamath County Library Teen Volunteer Application

Name: _____ Phone: (____) _____ - _____ Email: _____

Address: _____ City: _____ State/Zip: _____

Parent/Guardian Signature: (if under 18 years of age) _____

Have you previously worked as a volunteer? Yes No If yes, list the volunteer positions you have held: _____

What skills can you offer as a volunteer?

Please mark why you are volunteering:

- VOLUNTEER COMMUNITY SERVICE (hours needed: _____) WORK OFF FINES SCHOOL COMMUNITY SERVICE (hours needed: _____)

Are any of your household members or close family relatives currently employed by Klamath County? Yes no
If yes, please list names and departments: _____

Physical demands of volunteering in the library may include but are not limited to: standing, sitting, bending, stooping, reaching, lifting, pushing, 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, please explain: _____

Please List three personal or work-related references below.

NAME	PHONE	RELATIONSHIP/TIME KNOWN

Volunteer Applicant's Certification & 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 volunteering 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.

Volunteer applicant's signature:

_____ Date: _____

Parental Guardian's signature (if applicant is under the age of 18):

_____ Date: _____