



# NEW VOLUNTEER CHECKLIST

1

REGISTER FOR A VOLUNTEER  
ORIENTATION IN PERSON OR BY  
PHONE: 707-584-9121

2

COMPLETE ATTACHED APPLICATION,  
INCLUDING REQUIRED  
PARENT/GUARDIAN SIGNATURES

3

IF YOU DO NOT HAVE A LIBRARY  
CARD, COMPLETE THE ATTACHED  
LIBRARY CARD APPLICATION,  
INCLUDING REQUIRED  
PARENT/GUARDIAN SIGNATURE

4

**BRING COMPLETED  
PAPERWORK TO ORIENTATION**







## Rohnert Park-Cotati Regional Library TEEN VOLUNTEER APPLICATION

For teens between the ages of 12-18

Name (PLEASE PRINT) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

Grade/School \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone \_\_\_\_\_ ☐ Texting okay? Pronouns \_\_\_\_\_

Library Open Hours	Your availability:	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice
Remote work only			
Tuesday (library open 10-8)			
Wednesday (library open 10-8)			
Thursday (library open 10-6)			
Friday (library open 10-6)			
Saturday (library open 10-6)			

☐ I need \_\_\_\_ hours.

☐ I am volunteering for fun

Why do you want to volunteer at the library? \_\_\_\_\_

If for community service/school, what is your deadline for completing these hours? \_\_\_\_\_

I hereby apply for a Volunteer position with the Sonoma County Library.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Photo & Video Release for Social Media/ Parent or Guardian Signature: \_\_\_\_\_

**EMERGENCY CONTACT:** Who should we contact in case of a zombie apocalypse?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Bring completed application to your Teen Volunteer Orientation

6250 Lynne Condé Way, Rohnert Park, CA 94928

707-584-9121 ext. 0918

# Tell Us About Yourself



Do you have a library card?

YES or NO

If "NO," please complete the attached application for a library card, have a parent/guardian sign it, and bring it to your Teen Volunteer Orientation

What is your favorite book?

What are your hobbies or special interests? \_\_\_\_\_

Type of music you like the most? \_\_\_\_\_

If you could travel to anywhere in the world, where would you go? \_\_\_\_\_

What is one thing you like best about yourself? \_\_\_\_\_

If you could only eat one thing for the rest of your life, what would it be? \_\_\_\_\_

Can you touch your nose with your tongue? \_\_\_\_\_

On a scale of one to penguin, how random are you? \_\_\_\_\_

Are you a part of any fandoms? \_\_\_\_\_

What do you want to be when you grow up? \_\_\_\_\_

What is something you think would be important for me to know about you? \_\_\_\_\_

\_\_\_\_\_

STAFF USE ONLY:	
STRENGTHS:	
WEAKNESSES:	
PROBLEMS?	

## **Rohnert Park-Cotati Regional Library TEEN VOLUNTEER AGREEMENT**

We are happy that you have chosen to volunteer at the Rohnert Park-Cotati Regional Library and hope that your time will be enjoyable and fulfilling! Before beginning your volunteer hours please read the guidelines listed below carefully and then sign.

As a Teen Volunteer at the Library, I agree to the following:

- 1. I will arrive at the library at my assigned time.**  
If I am unable to do this, I will email or call 707-584-9121 and notify a staff member. If possible, I will call at least 24 hours before I am scheduled to arrive.
- 2. I will speak with Allison Palmer or another librarian if I need to make changes to my schedule. I will perform my duties as assigned.**
- 3. If I have questions about tasks I am assigned, I will ask.**
- 4. I will not use any personal electronic device (smartphone, etc.) while working.**  
(You can listen to music only when off the library floor.)
- 5. I will not use the computer while working, unless I have permission.**
- 6. I will wear appropriate clothing: close-toed shoes, no inappropriate imagery, no swearing, and no undergarments showing.**
- 7. I will refer patrons to library employees when questions arise that are not directly related to my assignment.**
- 8. I will be courteous and respectful to library patrons, staff, and other volunteers.**
- 9. I will not bring food or drink into the library (exception: water bottle with a cap.)**
- 10. I will focus on my assignment while I am working and keep socializing to a minimum.**

Volunteering should be considered job experience and treated as such.

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Ann Hammond*  
*Library Director*  
ahammond@sonomalibrary.org  
6135 State Farm Drive  
Rohnert Park, CA 94928  
(707) 545-0831



#### LIBRARY COMMISSION

Deborah Doyle - <i>Chair</i>	Paul Heavenridge
Thomas Haeuser - <i>Vice-Chair</i>	Barbara Mackenzie
David Cahill	Sam Mulford
Andy Elkind	Rachel Parker
Fred Engbarth	Karen Schneider
Reece Foxen	

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## Volunteers Safety Protocols Checklist – January 6, 2021

### Before Coming to the Library / Arrival at the Library

- Complete daily health check, including temperature check, and report to the person in charge.
- Put on facial coverings before entering the library facility. (**HIGHLY RECOMMENDED, NOT REQUIRED**)
- Do not use handshakes or other personal greetings that make physical contact.

### Regular Cleaning and Disinfection

- Avoid sharing phones, other work supplies, or office equipment wherever possible, and disinfect the item at the start/end of a shift. Do not share pens/pencils or similar office supplies.
- When possible, use only one workstation/desk space/office during each shift, and disinfect all surfaces at the start/end of a shift, including doorknobs, tables, desk/counter tops and chairs.
- Disinfect shared items between uses, including office equipment such as copiers, printers, telephones, computers, books/binders, file cabinets, shelves, scanners, keyboards, staplers, desk surfaces, workstations, book trucks, tools and other equipment etc.; and break room equipment such as refrigerators, microwaves, coffee makers, etc. Use your own utensils/dishes.
- Use cleaners and follow product directions carefully. Personal protective equipment, including goggles and gloves, are recommended, but not required.

### During the Work Day

- Cough/sneeze into a tissue; dispose of tissue and wash hands immediately afterwards.
- Limit touching face/facial coverings.
- Staff and volunteers may bring individually wrapped food to share (i.e. individually packaged candies, an individually wrapped deli sandwich intended to be eaten by one person); however, potlucks are not allowed, and parties are not encouraged.
- Frequent handwashing
  - Before and after entering or leaving the building
  - Before and after touching doorknobs, handrails, elevator controls, refrigerator door handles, light switches, and other commonly touched surfaces
  - Before putting on, or removing, facial coverings and/or PPE
  - After blowing nose, coughing, sneezing
  - Before and after using any shared office and break room supplies, equipment, and tools
  - Before, during, and after preparing or eating food
  - Before and after applying or removing facial coverings
  - After using the restroom
  - After touching garbage and/or when hands are visibly dirty or greasy

### After Work

- Facial coverings should be washed/sanitized or replaced after each shift. Single-use facial coverings must be properly discarded into trash receptacles. Do not share facial coverings.



### Self-Attestation of Vaccination Status – Volunteers (Individual)

Volunteer Name: \_\_\_\_\_

Library Program/Department Name: \_\_\_\_\_

Effective Sunday, April 3, 2022, Sonoma County Library modified its existing COVID protocols for patrons and staff. Regardless of vaccination status, any person visiting or working in library locations will no longer be required to wear facial coverings; however, masks are strongly recommended.

The Library is continuing to request information about your vaccination status in response to the questions below, but you may decline to provide your vaccination status. At this time, regardless of your vaccination status, you WILL be allowed to volunteer onsite at any Sonoma County Library location.

For purposes of this self-attestation, you are considered fully vaccinated two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen).

Please select the statement below that accurately describes your vaccination status:

☐

I am fully vaccinated.

☐

I decline to answer whether I have been vaccinated.

I hereby affirm that I have accurately and truthfully answered the question above.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_





## Library Card Registration *(En Español al reverso)*

- ▶ Photo ID required for adult applicants (18+ years old)
- ▶ Parent/guardian approval required for applicants under 18 years

Name	
Legal Name <i>(if different)</i>	
Date of Birth	
Library PIN <i>(password)</i>	____ (PIN is required, must be four numbers)
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Español
Phone Number	(____) _____
Mailing Address	
City/State/Zip	
Email Address	
Communication Preference	<input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message Standard text message rates apply.

You are responsible for all items borrowed on your account, including fees for damaged or lost items. **Change your name or lose your card? Let us know right away.** Sonoma County Library may contact you with information about your account or library services.



## Solicitud para tarjeta de biblioteca *(English on reverse)*

- ▶ Se requiere identificación con foto para los solicitantes adultos (de 18+ años)
- ▶ Se requiere permiso del padre/tutor legal para los solicitantes menores de 18 años

Nombre	
Nombre oficial <i>(si es diferente)</i>	
Fecha de Nacimiento	
PIN de biblioteca <i>(contraseña)</i>	____ (Requerido - PIN debe ser cuatro números)
Idioma preferido	<input type="checkbox"/> Inglés <input type="checkbox"/> Español
Número de teléfono	(____) _____
Dirección de correo	
Ciudad, estado, código postal	
Correo electrónico	
Método de comunicación preferido	<input type="checkbox"/> Correo electrónico <input type="checkbox"/> Teléfono <input type="checkbox"/> Mensaje de texto Se aplican tarifas estándar de mensajes de texto.

Usted es responsable por todos los artículos prestados en su cuenta, incluidas las tarifas por artículos dañados o perdidos. **¿Cambió su nombre o perdió su tarjeta? Háganos saber de inmediato.** La Biblioteca del Condado de Sonoma puede comunicarse con usted con información sobre su cuenta o servicios de la biblioteca.

X \_\_\_\_\_

Parent or Guardian Signature

Firma del padre, la madre, el tutor o la tutora