



LUNCH @ THE LIBRARY VOLUNTEER CHECKLIST

1

REGISTER FOR A VOLUNTEER
ORIENTATION ONLINE, 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
Lunch at the Library Teen Volunteer Application

For teens between the ages of 13-18

Name (PLEASE PRINT) _____ Birthdate: _____ Age _____

Grade/School _____ E-mail _____

Telephone _____ ☐ Texting okay? Pronouns _____

Library Open Hours	Your availability:	1 st Choice	2 nd Choice
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday	XXX	XXX	XXX

☐ 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 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 my supervisor 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: _____



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 *(if different)*

Date of Birth

Library PIN *(password)* _____ (PIN is required, must be four numbers)

Preferred Language ☐ English ☐ Español

Phone Number (____) _____ - _____

Mailing Address

City/State/Zip

Email Address

Communication Preference ☐ Email ☐ Phone Call ☐ 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 *(si es diferente)*

Fecha de Nacimiento

PIN de biblioteca *(contraseña)* _____ (Requerido - PIN debe ser cuatro números)

Idioma preferido ☐ Inglés ☐ Español

Número de teléfono (____) _____ - _____

Dirección de correo

Ciudad, estado, código postal

Correo electrónico

Método de comunicación preferido ☐ Correo electrónico ☐ Teléfono ☐ 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