



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

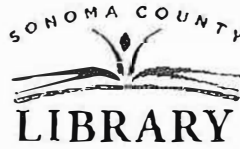
3

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 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
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

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: _____



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 [] 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 <i>(si es diferente)</i>
Fecha de Nacimiento
PIN de biblioteca <i>(contraseña)</i> ___ ___ ___ ___ (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 <i>Se aplican tarifas estándar de mensajes de texto.</i>

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