



*Quality of community matters*

## VOLUNTEER APPLICATION FOR YOUTH 12 – 19 YEARS OF AGE

Return to: Volunteer Services  
W. Dale Clark Library  
215 S 15 ST, Omaha NE 68102

### Personal Information

Name:		Date of Birth:
<hr/>		
Address:		
<hr/>		
City:	State:	Zip:
<hr/>		
Parent or Guardian:		Parent/Guardian Phone:
<hr/>		
Home Phone:	Cell Phone:	Email Address:

### Employment Information

Are you currently employed?	Yes	No	If so, where?
<hr/>			
Describe your duties:			

### Emergency Contact

Name:		Relationship:
<hr/>		
Address:		
<hr/>		
City:	State:	Zip:
<hr/>		
Day Phone:	Evening Phone:	Cell Phone:

## Education Information

Are currently attending school?	Yes	No
Name of school _____		Grade _____
Are you involved in extra-curricular activities?	Yes	No
If so, please list _____		

## Volunteer Information

I am available:	Mornings	Afternoons	Evenings				
Circle which days you are available:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
At which location would you like to volunteer? You may check as many as you like, but please number in priority order if choosing more than one.							
__W. Dale Clark Library	__Milton R. Abrahams Branch	__Benson Branch					
__Bess Johnson Elkhorn Branch	__Florence Branch	__Millard Branch					
__A.V. Sorensen Branch	__South Branch	__W. Clarke Swanson Branch					
__Charles B. Washington Branch	__Willa Cather Branch						
Have you ever volunteered before? _____	If so, where? _____						
Brief description of duties _____							
Please list skills, abilities, or hobbies _____							
How did you learn about the Library's volunteer program? _____							
Are you volunteering to fulfill a community service requirement?	Yes	No					
Who is requiring the community service? _____							
Number of hours you need to complete _____				Deadline _____			
<b>References:</b> As part of the screening and placement process, all volunteers are required to submit two personal references. References must be over 18 years old and should not be members of your immediate family.							
1. _____							
Name	Address	Phone Number	Relationship				
2. _____							
Name	Address	Phone Number	Relationship				

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, do hereby indemnify and hold harmless the Omaha Public Library and agree to indemnify and hold harmless the City of Omaha from any and all liability, claims or causes of action that may arise for any accidents, injuries or illnesses that may occur to my child from his/her participation in the volunteer program. I waive any right of action I have against the City of Omaha in consideration of my child's participation as a volunteer for the Library. I acknowledge that as a volunteer, my child will not be covered by Workers' Compensation.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Youth Printed Name \_\_\_\_\_

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_