



City of Springfield
 225 Fifth Street
 Springfield, Oregon 97477
 Ph: (541)726-3705 Fax: (541)726-4614
 An Affirmative Action/Equal Opportunity Employer

LIBRARY APPLICATION

- ADULT VOLUNTEER
- TEEN VOLUNTEER
- INTERN

Please Print

Name _____
 Last First Full Middle

Address _____
 City State Zip

Mailing Address (if different) _____
 City State Zip

Preferred Phone / Type _____ Secondary Phone / Type _____

DOB _____ Driver's License # _____ State _____ E-Mail _____

Have you ever been convicted of a criminal act? Yes No Are you now a City of Springfield employee? Yes No

Please provide a brief statement explaining why you are interested in volunteering with the City of Springfield Library?

Days/times you are available to volunteer: Mon _____ Tue _____ Wed _____ Thurs _____
 Fri _____ Sat _____ Sun _____ Special Events/Boards _____

How many hours are you able to commit to volunteering each week? 1-4 4 -9 10 -14 15 – 20 As Needed _____

How long can you commit to volunteering? At least 3 months At least 6 months At least one year Eighteen months+

TEEN ADVISORY BOARD Ages 13-18 Only

Are you available the third Thursday of every month at 4:30pm? _____

Are you between the ages of 13 and 19? _____

VOLUNTEER OPPORTUNITIES



Library

- Shelving
- Adopt a Shelf
- Computer Cleaning
- Material Processing
- Youth Service helper
- Other _____

Support Groups

- Friends of the Library
- Library Board
- Arts Commission
- Library Foundation
- Grant Writing

Teen Advisory Board

- Technology skills / programming
- Gaming / Video Skills
- Arts and crafts
- Writer (newsletter articles / book reviews)
- Other

If you have any special interests or skills? _____

Do you speak, read or write a language other than English fluently? Yes No

If yes, which language(s) do you speak _____ Read _____ Write _____

How did you learn about the Volunteer Program? Internet Friend SPD Volunteer Citizens' Police Academy Flyer
 School Volunteer Outreach/Recruitment Booth City of Springfield employee Register Guard TV coverage Other

PREVIOUS VOLUNTEER EXPERIENCE

Do you have any current or former volunteer experience (including community volunteering, internships, cooperative work experience, practicums or any other unpaid work experience)? Yes No If yes, please provide details below.

Agency: _____ Duties: _____

Agency: _____ Duties: _____

EMPLOYMENT HISTORY (Optional for Teen Volunteers)

Are you retired? Yes No If yes, occupation you retired from: _____

Are you currently employed? Yes No Are you seeking employment? Yes No If yes, part-time full-time

Please document your most recent employment below. Attaching a résumé to your completed application is encouraged but not required.

Employer: _____ Supervisor's Name: _____

Employer Address: _____ Employer Phone Number: _____

Job Title: _____ Dates of Employment From: _____ To: _____

Duties: _____

Reason for leaving: _____ Currently employed/have not left employment

Employer: _____ Supervisor's Name: _____

Employer Address: _____ Employer Phone Number: _____

Job Title: _____ Dates of Employment From: _____ To: _____

Duties: _____

Reason for leaving: _____ Currently employed/have not left employment

SCHOOL HISTORY

Do you have a high school diploma or equivalency? Yes No School _____

| List all schools attended and their location | Credits Completed | Type of degree earned | Course of study |
|--|-------------------|-----------------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Any additional information / comments you would like to provide: _____

I certify the information in this application and attachments are true and complete to the best of my knowledge. I understand that false or misleading statements or missing information is cause for rejection of application, removal of name from eligible list, or dismissal from the program. I hereby waive my rights to claims or damages against any employer and the City of Springfield, its officers, agents, and employees, in regard to this exchange of information concerning my background. I hereby authorize and direct you to permit the City of Springfield and or the Springfield Police Department to review my criminal records and DMV records prior to my acceptance into Volunteer Program with the City of Springfield. I acknowledge that I will be enrolled in the Oregon State driving record Automated Reporting System (ARS) if my duties involve driving on city business. I also authorize to permit any materials listed above to be copied and retained by the City of Springfield and or the Springfield Police Department. I authorize the use of my photograph to be used. I understand I am covered by Workers' Compensation or an excess medical policy while volunteering in an authorized capacity.

I will defend, indemnify and hold harmless the City of Springfield, its officers, employees, and agents from and against all liability or loss and against any and all claims, actions, causes of actions, proceedings or appeals based upon or arising out of or arising from or in connection with my conduct or performance as a volunteer with the City of Springfield including but not limited damage or injury to persons or property and including without limitation attorney fees and expenses; except for losses, claims or actions resulting from the sole negligence of the City of Springfield.

Signature: _____

Date: _____

Parent / Guardian Signature: _____

Date: _____

(If under 18, Parent or Guardian Signature Required)



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NON-EMPLOYEE PROFILE

Request for Services

- VOLUNTEER
TEEN VOLUNTEER
INTERN

To be completed by CANDIDATE - All Information is REQUIRED

Full Legal Name: (First) (Middle) (Last)

Physical Address: (Street, Apt) (City) (State) (Zip)

Preferred Phone #: Cell Home

Type of Work:

INTERNSHIP ONLY
School/Organization Name:
Sponsor/Contact Name & Phone #:
Start & End Dates:

- Department(s) of Interest
City Manager's Office
Finance
Courts
Information Technology
Fire & Life Safety
Police
Library
Development & PW
Human Resources

Other Language(s) Spoken: Willing to Translate? YES NO (High/Medium/Low)
Language 1: Speak? Read? Write?

Emergency Contacts - Please list in order of preference

Name / Relationship: Name / Relationship: Name / Relationship:
Primary Ph#: Cell Home Other
Alternate Ph#:
City, State

By signing, I authorize the City of Springfield to use and/or disclose the above information in the case of an emergency, accident or illness that affects me.

Candidate Signature: Date:

To be completed by FACILITATOR Assignment & Department:

Facilitator Name: Start & End Dates:

Ph Ext.: Staff Approving Time Card:

Picture: Taken & Emailed Needed Requested Access: Computer* Time Card Email Other: Dept Drive Access/Name:

On Line Learning Center System Access Requested

*When computer access is granted, volunteers and interns will receive access to the Volunteer Drive and an I:Drive.

Notes:

- Facilitator is responsible for ensuring candidate has read and signed the City Policy Acknowledgment page on their first day. Return signed page to Human Resources.
Facilitator must contact Human Resources at the end of service to update personnel records.
Facilitator is also responsible for the return of ID Badges to HR.