



**C O N T R A
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L I B R A R Y**

Bringing People and Ideas Together

Branch _____

CONTRA COSTA COUNTY LIBRARY VOLUNTEER APPLICATION

Thank you for your interest in the Contra Costa County Library Volunteer Program. Your answers to the following questions will help us find the best assignment for you. A minimum of two hours per week and a six-month commitment are requested for most services. Volunteer placement is determined by volunteer availability, project/assignment and branch/unit needs. Please fill out this form as completely as possible and return it to the library reference or circulation desk.

Name: _____ E-Mail Address: _____

Address: _____ City _____ Zip _____

Phone (Daytime) _____ (Evenings) _____

Social Security Number (last 4 digits only) - _____ Date of Birth if under 18 _____

Please indicate volunteer service of interest: (Refer to Volunteer Job Descriptions for listing of volunteer services.) _____

Special skills or interests you possess: _____

Are you bilingual? Yes ___ No ___ Which languages? _____

Please check the days and times you are available to volunteer:

	MON.	TUES.	WED	THURS.	FRI.	SAT	SUN
Mornings							
Afternoons							
Evenings							

If you are volunteering to receive Community Service Credit please complete the following:

Name of school or agency: _____

Number of hours required: _____ Completion Date Required By: _____

Name of teacher or agency contact: _____

Parental Consent:

Parental/Guardian Consent Required for Volunteers Under 18 Years of Age

As parent/guardian of this minor, permission is hereby granted for him/her to participate in the volunteer program. My child does not have any physical or medical problems which would prohibit or limit participation in the volunteer program, except: _____

Parent/Guardian Name: _____

Phone (Daytime) _____ (Evening) _____

Parent/Guardian Signature _____ Date _____

Medical Information: Do you have a health problem we should be aware of in an emergency?

Yes ____ No ____ If yes, please describe: _____

Do you take medication for this health problem? Yes ____ No ____ If yes, medication is: _____

Are you allergic to any medication? Yes ____ No ____ If yes, it is: _____

Name of medical, hospital or other health insurance: _____

Emergency Contact Person: _____ Relationship _____

Phone(Days) _____ Eves _____

Address _____

Automobile Insurance: If applicant is volunteering for tasks which will require the use of his/her automobile, s/he must complete the following:

Driver's License # _____ Expiration Date _____

Make of car _____ Model _____

License # _____ Insurance Co. _____

Policy # _____ Expiration Date _____

_____ I certify that I have minimum liability insurance coverage as follows:

\$15,000 for injury to, or death of, one person; \$30,000 for injury to, or death of, two (2) or more persons in one accident; \$5,000 for property damage.

Signature _____ Date _____

_____ I certify that I will not be operating a vehicle in my capacity as a volunteer

Signature _____ Date _____

Waiver: I have been informed against and accept responsibility for any breach on my part respecting confidential information. I have read the Resolution adopted by the County Board of Supervisors on volunteer programs. In return for the benefits provided by Contra Costa County in case of my illness, injury, death or third party liability while providing, or resulting from acts or occurrences within the scope of my authorized volunteer services, and for my right to authorized expense reimbursement, I waive any claim on my behalf or on behalf of my heirs, representatives, and assigns against the County of Contra Costa, any other agency governed by the Board of Supervisors, and any agent, officer or employee thereof for illness, injury, debts or without limitation, other harm arising from my volunteer service, whether or not authorized.

Signature: _____ Date _____

Received: _____ Date _____

For Staff Use Only:

Recommended: Yes ____ No ____
If not recommended, please explain:
Proposed duties: _____
Interviewer's Signature _____ Date _____
Branch/Unit Supervisor's Signature _____ Date _____
Volunteer Coordinator's Signature _____ Date _____
Date of Termination: _____ Reason: _____

CONTRA COSTA COUNTY POLICY STATEMENT ON VOLUNTEER PROGRAMS

The use of volunteers in performing specific services is a valuable resource and provides an avenue for citizen participation in various County programs which is recognized as being of public benefit. In recognition of the benefits which may be derived from volunteer services, it is hereby declared that it shall be County policy to encourage and promote volunteer programs determined to be in the public interest.

It is County policy that volunteers will not replace County employees but will provide services to supplement or enrich regular County programs and services.

This policy statement is designed to provide the framework for all County Volunteer programs and activities. The following guidelines are adopted for volunteer programs:

VOLUNTEER PROGRAMS

A description of each volunteer program shall be submitted by the department head to the County Administrator for review and approval.

Factors to be considered in evaluating programs are the need for and public benefit to be derived from the volunteer program, associated County cost and staff effort required for such a program, the potential for injury to volunteers, and the possibility for injury to others including injuries giving rise to possible liability claims.

The County Administrator may adopt regulations governing the administration of this volunteer program.

VOLUNTEERS

A volunteer is defined as a person who renders services gratuitously and has been accepted in the volunteer program. The volunteer is not an employee of the County.

In recognition of the benefits to the County derived from volunteer services, authorized volunteers serving in programs approved by the Board of Supervisors shall be provided the benefits indicated below.

1. Injury to Volunteer. Contra Costa County volunteers are not entitled to workers' compensation benefits. In lieu thereof and in return for the volunteer's waiver of any claim against the County for illness, injury or other harm arising from acts or occurrences while providing volunteer services, the County shall provide, in the case of volunteer illness, injury or death resulting from acts or occurrences while providing authorized volunteer services, through self-insurance, for reimbursement of County authorized necessary medical expenses, and for minimum permanent disability compensation equal to that afforded under the workers' compensation laws of California, provided, however, that no temporary disability compensation shall be paid; that medical expenses shall be limited to reimbursement for expenditures otherwise qualified for reimbursement which are not covered by the volunteer's health plan, other available insurance coverage, or other third party (i.e., Federal, State or other payment); and that the County may elect to have the County's Health Service Department provide the volunteer's necessary medical care.
2. Public Liability. The County through its self-insurance program shall defend and indemnify volunteers upon request against liability claims initiated by third parties arising out of the volunteer's acts or omissions occurring within the scope of authorized volunteer service, unless the volunteer acted or failed to act because of actual malice, fraud, corruption or gross negligence. Volunteers may be permitted to operate County vehicles in the performance of authorized volunteer services. Volunteers using County or personal automobiles in performing authorized services must maintain liability insurance at limits which as a minimum comply with the California Financial Responsibility Law and must have a driver's license. The protection afforded by the County shall be in excess only of any other public liability or automobile insurance maintained by or which provides coverage for the volunteer, and shall not cover any damages to the volunteer's vehicle, including any deductible amount.