



APPLICATION FOR VOLUNTEER SERVICE Cy-Fair College Library

Personal Information

Name:		Age (if under 18 years):	
Address:			
City:		Zip:	
Telephone:		Alt. Telephone:	
Email:			
Best time to contact you:			

Emergency Contact

Name:		Telephone:	
Relationship:			

Education (please circle level completed)

Grade School:	8	9	10	11	12
College:	1	2	3	4	Technical School:

Reason for Volunteering (check all that apply)

- Court Ordered Community Service
- School Requirement
- Personal Enrichment

Other:

Skills & Interests:

Experience

Volunteer Service:

Work Experience:

Days & Times Available:

Volunteer Assignment Preferred (check all that apply)

- ESL Conversation Club
- Shelf-Reading
- Reference Assistance
- Circulation Assistance
- Shelving
- Arts & Crafts (Children's Area)
- Book Mending
- Other:



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Please read the following important information and sign your acknowledgement at the bottom:

I do understand and agree:

- ❖ That I must be at least 15 years of age in order to volunteer in the Cy Fair College Library.
- ❖ That before starting a volunteer assignment, there is a 2-day waiting period.
- ❖ I will regard my assignment as a serious commitment and abide by all library policies.
- ❖ That should my conduct or performance be deemed unsatisfactory for any reason I will be released from my assignment.
- ❖ That neither the Harris County Public Library System nor Cy-Fair College and the North Harris Montgomery Community College System will be liable for injuries sustained by me, or any other person, as a result of my action, or the action of others.

Applicant's Signature

Date

PERMISSION OF PARENT OR GUARDIAN FOR YOUTH VOLUNTEER

I hereby voluntarily give my permission for _____ (name) to volunteer at Harris County Public Library: Cy-Fair College Branch. I understand that the library and the college are not to be held responsible in case of accident.

Signature (Parent or Guardian)

Date



CY-FAIR COLLEGE BRANCH LIBRARY VOLUNTEER RULES & PROCEDURE

Welcome to the CY-FAIR College Branch Library! To avoid misunderstandings, here are some of the main rules and procedures that you are expected to follow.

Remember that your service here is important to us and that we rely on you.

- ◆ You are responsible for maintaining your own regular schedule.
- ◆ Accurately record your hours in the appropriate Volunteer Log.
- ◆ Do NOT work over 8 hours in a single shift.
- ◆ If you need a letter written showing that you have volunteered, please contact Kerry Madole at 281-290-5277. Please give twenty-four hours notice that you need the letter.

Be aware that your role at the library is a support role.

- ◆ If a patron asks you for assistance, refer them to the Reference desk.
- ◆ Respect confidentiality. In accordance with Texas state law, all library patrons' records are confidential. Information about specific library usage must not be discussed.

Be conscious of the fact that we are working in the public view.

- ◆ Dress neatly: no shorts, hats, gum chewing, etc.
- ◆ Keep talking to a minimum inside the library, especially in public areas.
- ◆ Limit telephone use to essential calls only. Do not use cell phones in library's public areas.

Be considerate of housekeeping rules.

- ◆ Drinks may be taken into the workroom area *only*, not into the public area of the library.
- ◆ Food may be eaten in the kitchen only.

**Thank you for donating your time and expertise
to the Cy-Fair Library.**

We couldn't succeed without your help!

**I HAVE READ AND UNDERSTOOD THE RULES AND PROCEDURES FOR VOLUNTEERS AT
THE CY-FAIR BRANCH LIBRARY.**

Signed _____ Date _____

Authorization to Release Information

I hereby authorize North Harris Montgomery Community College District to conduct a state and federal background review.

I hereby direct DPS to release such information to North Harris Montgomery Community College District upon receipt of this request letter. I understand that the information released is for official use by North Harris Montgomery Community College District. I further understand the information released shall be privileged and confidential, and shall not be released or otherwise disclosed to any other person or agency except under court order.

I hereby release any individual from any and all liability for damages of whatever kind or nature which may at any time result due to compliance, or any attempts to comply, with this authorization.

_____ Applicant/Volunteer

_____ Date

_____ Witness

_____ Date

PLEASE PRINT THE FOLLOWING INFORMATION:

Full Name: _____
 Last First Middle

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____
 MM DD YYYY

Driver's License No: _____ State of Issuance _____

*Ethnicity: _____ (White, African-Am. (Black), Asian/Pacific Islander, Hispanic, etc)

*This information is totally voluntary and will be used only for reporting requirements.