



## City of Halsey Volunteer Application and Placement Form

Thank you for your interest in volunteering of the Halsey City Library. We look forward to partnerships with volunteers to enable us to effectively serve the citizens of our community. In order to ensure the safety of our volunteers and protect the interests of Halsey City Library, we require potential volunteers to complete this questionnaire form and participate in a background check. Thank you for volunteering!

Name		Daytime Phone	
Address		Evening Phone	
City/Zip		Email	

Are you under 18 years of age? (circle one)      YES                      NO

**VOLUNTEER ACTIVITY**

Please describe the type of volunteer work you are interested in performing, or activity/event you wish to volunteer for.

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Languages that you speak: \_\_\_\_\_

Languages that you write: \_\_\_\_\_

**List the hours you are available or prefer:**

Sun	Mon	Tue	Wed	Thu	Fri	Sat

**REFERENCES**

Name		Phone		Relationship	
Name		Phone		Relationship	

**EMERGENCY CONTACT INFORMATION**

Name		Phone		Relationship	
Address			City/State/Zip		

*I give my permission for the named references to be contacted either verbally or in writing. I also understand that information obtained will be used only in conjunction with a City of Halsey volunteer position. All of the information on this application is true to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

**VOLUNTEER AGREEMENT AND SIGNATURE**

*I understand and agree to the following:*

- I will keep all issues pertaining to library business confidential
- I will be subject to a background check through the Oregon State Police
- I have read and understand the Volunteer policy

I hereby certify that the facts set forth in this volunteer registration are true to the best of my knowledge. I agree that if the information given in my registration, resume, or any other materials, or during any interview is found to be false in any way, it shall be considered sufficient cause for denial of volunteer status. I understand that Halsey City Library is not obligated to appoint me to a volunteer position and that nothing contained in the volunteer registration form is intended to create a contract between Halsey City Library and me. In addition to the above items, I agree to comply with the policies, rules, regulations and procedures of the Halsey City Library, which I understand may change at any time and I understand that my volunteer status can be terminated with or without cause or notice, at any time, at the option of either me or Halsey City Library.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUIRED FOR ALL MINORS  
PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE**

I, \_\_\_\_\_, as parent or legal guardian hereby grant permission for

\_\_\_\_\_ to do volunteer work for the Halsey City Library. In the event of an emergency, accident, or illness, I authorize Halsey City Library and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represent that I have read, understand, and consent to the agreement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_