

AVAILABILITY AND AREAS OF INTEREST

Volunteer goals. Example: work experience, class credit, church, etc.

List the library locations where you are willing to volunteer _____

List the days you can volunteer: _____

Hours available per week _____ Times: Mornings Afternoons Evenings

Check how frequently can you volunteer:

Daily Once a week Once a month Twice a month As needed

How many hours per day can you volunteer: _____

Check the opportunities in which you are interested:

- Book shelving Book cleaning & repair Craft projects
 Monthly assistance Computer assistance Digital Content
 Virtual reality Program or event assistance
 Other specify: _____

TO BE COMPLETED BY LIBRARY STAFF	
Departmental Information	
Department Volunteering For: _____	
Department Volunteer Coordinator: _____	
Brief Description of Volunteer Work: _____ _____	
Start Date: _____	Approx. End Date: _____

VOLUNTEER RELEASE STATEMENT FORM

MERCED COUNTY LIBRARY

I, _____, hereby offer my services as a volunteer to provide services to the Merced County Library.

I recognize that I am not an employee of Merced County and that there is no contractual arrangement whatsoever between Merced County and myself.

I hereby agree to assume any and all risks entailed in my volunteer activities for the above-stated purpose and specifically release Merced County from any liability, including but not limited to injuries caused by lifting, bending, stooping, carry materials, falling books and other objects, trip and fall, injuries suffered in driving to and from work sites, etc.

I hereby relinquish the rights to digitally created content by me. I understand that any digital content I create can be published on the Library’s website, social media accounts, or used in marketing publications and that my submission acknowledges the content thereby becomes sole property of Merced County.

SIGNATURE

DATE

PRINT NAME

STUDENT VOLUNTEER PARENTAL APPROVAL FORM
MERCED COUNTY LIBRARY

Your son/daughter has expressed an interest in serving as a volunteer at the _____
Branch Library. We are pleased that he/she wants to participate in our volunteer program,
with your approval. If you have any questions, please feel free to call me at 209-385-7485.

Amy Taylor, Merced County Librarian.

My child, _____, hereby may provide services as a
volunteer to the Merced County Library.

I recognize that my child is not an employee of Merced County and that there is no contractual
arrangement whatsoever between Merced County and my child.

I hereby agree to assume any and all risks entailed in my child's volunteer activities for the above-
stated purpose and specifically release Merced County from any liability, including but not limited
to injuries caused by lifting, bending, stooping, carry materials, falling books and other objects,
trip and fall, injuries suffered in driving to and from work sites, etc.

I hereby relinquish the rights to digitally created content by my child. I understand that any
digital content my child creates can be published on the Library's website, social media
accounts, or used in marketing publications and that my submission acknowledges the content
thereby becomes sole property of Merced County.

PARENT'S SIGNATURE DATE

PARENT NAME (_____) _____
PARENT'S TELEPHONE

STUDENT VOLUNTEER NAME DATE

PARENT'S STREET ADDRESS (IF DIFFERENT FROM MINOR CHILD)

CITY STATE ZIP CODE

PARENT'S E-MAIL ADDRESS