

**NEW Young Adult Volunteer Application**  
**Livermore Public Library - 2023 Summer Reading Game - June 1 - August 16**  
\*\* Volunteer shifts could be between Thurs., June 1 through Wed., August 16. \*\*



Youth's Name: \_\_\_\_\_

Grade and School in September 2023: \_\_\_\_\_

Civic Center      Rincon      Springtown

Please circle the branch where you intend to work. It is okay to select more than one.

If you select Rincon or Springtown, you will be considered at those branches *first* and then at Civic Center if positions allow.

**NEW VOLUNTEERS: Please complete the following application.**

Return this application to the Library Information Desk <b>by Friday, May 5, 2023, at 6:00 p.m.</b>
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1. Were you a Livermore Public Library YAV last summer or last school year? If yes, you'll need to complete the returning YAV application. See the Livermore Public Library Teen Space website or email [beangelo@livermoreca.gov](mailto:beangelo@livermoreca.gov) to receive a copy of the application. ***If you have not been a YAV recently, continue with this application.***
2. Why do you want to be a Young Adult Volunteer this summer?
3. Please describe volunteer experiences that you have had in the past (e.g. Boy/Girl Scouts, youth groups, school events).
4. Do you spend time with younger children? Babysit? Have a sibling? Describe an experience that you have had with younger children.

5. What was the title of the last book you read for fun? When did you finish it? Did you like it? Why or why not?
6. Scenario 1: A young child is afraid to talk with you about their book. What would you say or do to encourage him/her to talk with you?
7. Scenario 2: Your best friend knows that you volunteer at the library on Fridays from 3-5:00 pm. He/she comes to the library to help you out and talk while you are waiting for a child to report. How will you respond to his/her willingness to be so helpful?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of YAV Applicant*

Office Use Only:

# Livermore Public Library Young Adult Volunteer Profile 2023

*YAVs must have a signed profile on file in order to participate*

**Civic Center      Rincon      Springtown**

Please circle the branch where you intend to work. It is okay to select more than one.

If you select Rincon or Springtown, you will be considered at those branches *first* and then at Civic Center if room allows.

## Please Print

Youth's Name: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

Grade and School in September 2023: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Youth's Cell Phone: \_\_\_\_\_ Youth's Email: \_\_\_\_\_

**\*\* Note: Youth MUST REPLY TO EMAILS. This is a condition of volunteering. We recognize that youth prefer texting but email is the most efficient method for staff to use to update volunteers. If youth consistently does not respond to email notifications, they will be removed from the volunteer list.**

Parent's Cell Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

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## Emergency Contact Numbers: Please include work number, if applicable.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**This year, YAVs will be needed to assist with special events & programs, story times, crafts, and City Council Award Night, as well as some special projects. The number of volunteer positions is limited.**

By signing below, I, (*print name*) \_\_\_\_\_, agree that, as a Young Adult Volunteer, I will assist with the Summer Reading Program *at least* twice in June and July, and will assist with City Council Aware Night in September. (Note: Required volunteer time may be less if you are only volunteering at Rincon or Springtown.) I also agree that, in accordance with county and local health ordinances, I will follow county and local health guidelines as they are issued.

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

*Signature of YAV Applicant*



**VOLUNTEER'S WAIVER, RELEASE, ASSUMPTION OF RISK  
AND AGREEMENT FOR INDEMNIFICATION**

**LIVERMORE PUBLIC LIBRARY**

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

**Civic Center**

**1188 South Livermore Avenue**

**Livermore, California 94550**

**(Please circle branch(es) where you wish to volunteer - Civic Center - Rincon - Springtown)**

**PARTICIPANT'S NAME** (please print): \_\_\_\_\_

If Minor, Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Telephone \_\_\_\_\_ (Home/Work) \_\_\_\_\_ (Mobile)

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Email \_\_\_\_\_

**If Participant is less than 18 years old, please provide the following information for Participant:**

Name of Parent/Guardian of Participant: \_\_\_\_\_

Telephone No. \_\_\_\_\_ (Home/Work) \_\_\_\_\_ (Cellular)

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_

.....  
I, \_\_\_\_\_, as the parent/guardian of the Volunteer, certify that my child is physically and emotionally able to be a volunteer for the City of Livermore.

In consideration of the permission given to my child to serve as a volunteer, I agree and acknowledge that:

1. \_\_\_\_\_ (initial) Activities associated with my child's volunteering may be physically and/or emotionally demanding. I understand there are certain risks inherent in all activities and I acknowledge that my child may be subjected to the risk of personal injury, death or to the loss and/or damage of property, and that I freely, voluntarily and with full knowledge assume all such risks.

2. \_\_\_\_\_ (initial) As a Volunteer, my child: Shall not use or be under the influence of alcohol or drugs, including prescription drugs that may effect my child's ability to serve as a volunteer; will obey all rules and conditions placed on my child's volunteering; while volunteering will not engage in conduct that is detrimental to other volunteers, city employees and/or members of the public.

3. \_\_\_\_\_ (initial) The City of Livermore, its officers, employees, agents, designated volunteers, and sureties, and each of them shall not be responsible or liable for any personal injury, death, or

damage or loss of property incurred by my child while volunteering, whether the same shall arise by the negligence or omission of any said persons, or otherwise.

4. \_\_\_\_\_(initial) For myself and my child, and any and all heirs, executors, administrators and assigns for myself and/or my child, I hereby release the City of Livermore, its officials, officers, directors, employees, agents, designated volunteers, and sureties, and each of them, and agree to defend, indemnify and hold the City of Livermore, its officials, officers, directors, employees, agents and designated volunteers harmless from and against any and all loss, liability, damage, including but not limited to reasonable attorney, consultant and expert fees and/or court costs, directly or indirectly arising out of or in connection with my or my child's volunteering, except for the gross negligence and willful misconduct of the City of Livermore, its elected officials, officers, directors, employees, agents and designated volunteers. The foregoing agreement to indemnify shall continue in full force and effect notwithstanding the conclusion of my participation of my volunteering.

**I have carefully read this entire two page document and understand its terms. My signature is intended not only to bind myself and my child, but all successors, heirs, representatives, administrators, and assigns that me or my child may have. No oral representations, statements or inducements apart from this written agreement have been made. I further understand that my volunteering does not create an employment relationship with the City of Livermore.**

Dated \_\_\_\_\_,

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature (Parent/guardian of participant less than 18 years old)