

Lincoln City Libraries SUMMER READING VOLUNTEER CHECKLIST

1. Sign up starting April 15th at the Lincoln City Libraries location of your choice. You will choose the hours that you would like to volunteer at that time. (If volunteering at Anderson, Bethany or Gere Branch Libraries, the completed registration form must be returned before you can sign up for a time slot.)
IMPORTANT: You are required to sign up for a volunteer time slot before attending training.
2. Complete the registration forms. Make sure you and your parent/guardian have signed each form where indicated with an "x."
3. Attend **MANDATORY** training at the location where you will be volunteering. Bring the completed registration form to the training session you attend.

TRAINING SCHEDULE

Anderson Branch, 3635 Touzalin Avenue

Monday, May 22, 5:00-5:45 p.m.

Wednesday, May 24, 7:00-7:45 p.m.

Bennett Martin Public Library, 136 S 14th Street

Thursday, May 18, 4:30-5:30 p.m.

Saturday, May 20, 10:30 a.m.-11:30 a.m.

Bethany Branch, 1810 N. Cotner Boulevard

Tuesday, May 23, 5:00-5:45 p.m.

Wednesday, May 24, 4:00-4:45 p.m.

Eiseley Branch, 1530 Superior Street

Monday, May 22, 6:30-7:30 p.m.

Tuesday, May 23, 4:30-5:30 p.m.

Thursday, May 25, 1:30-2:30 p.m.

Friday, May 26, 10:30-11:30 a.m.

South Branch, 2675 South Street

Thursday, May 18, 4:00-5:00 p.m.

Monday, May 22, 6:30-7:30 p.m.

Walt Branch, 6701 S. 14th Street

Thursday, May 11, 6:00-7:30 p.m.

Saturday, May 13, 10:30 a.m.-12:00 p.m.

Monday, May 15, 6:00 p.m.-7:30 p.m.

Saturday, May 20, 2:00-3:30 p.m.

Williams Branch, 5000 Mike School Street

Monday, May 22, 4:30-5:30 p.m.

Gere Branch, 2400 S. 56th Street

Thursday, May 11, 3:40-5:00 p.m.

4:00-5:20 p.m.

4:20-5:40 p.m.

Friday, May 12, 3:40-5:00 p.m.

4:00-5:20 p.m.

4:20-5:40 p.m.

Saturday, May 13, 10:30-11:50 a.m.

10:50 a.m.-12:10 p.m.

1:30-2:50 p.m.

1:50-3:10 p.m.

NOTICE:

To ensure a quality experience for both volunteers and library customers, VOLUNTEER TRAINING IS MANDATORY, NO EXCEPTIONS.

Please double check to make sure you have signed all necessary documents.



**CITY OF LINCOLN
VOLUNTEER SERVICE APPLICATION**

**edited for
Lincoln City Libraries
YOUTH VOLUNTEERS**

PLEASE PRINT

GENERAL

Name: _____
(Last) (First) (Middle) (Suffix)

(Birth Date) (Current Age)

(Gender)

CURRENT ADDRESS

(Street) (City) (State) (ZIP Code)

() _____ () _____ () _____
(Day Phone) (Evening Phone) (Cell Phone)

EMERGENCY

Emergency Contact: _____
(Last Name) (First Name) (Middle Name)

() _____
(Phone) (Relationship)

CRIMINAL HISTORY CHECK

Have you ever been convicted of any violation of law other than a minor traffic violation? Yes No
(Check one)

If yes, please list All convictions for any law violation (i.e. DUI, shoplifting, minor in possession, reckless driving, etc.) other than a minor traffic violation (i.e. parking ticket, speeding ticket) including convictions that have been set aside, probationed and/or pardoned, must be listed on the application or included in writing on an attached sheet. Consideration is given to the offense and its relationship to the position for which you are applying. Failure to list convictions on this form will be considered falsification of your application and will result in automatic rejection.

A conviction will not automatically disqualify you from consideration. We will consider the nature of the offense in relation to the volunteer duties. We also will consider your record since the offense was committed.

Date: _____ Charges: _____ City/State: _____

Date: _____ Charges: _____ City/State: _____

Explanation: _____

Please list all states where you have resided: _____

SIGNATURE / CERTIFICATION

I certify that all statements in this application are true. I also agree that if I am accepted as a volunteer, I will do my best to abide by all policies and ordinances of the City of Lincoln.

(Volunteer Signature)

(Date)

(Parent Signature)

(Date)

**WAIVER AND RELEASE OF ALL CLAIMS
FOR CITY OF LINCOLN VOLUNTEERS WHO ARE MINORS**

Please read this form carefully and be aware that as a volunteer you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain that arise out of this participation.

As the parent/guardian of the volunteer, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss that I or my minor child/ward sustain as a result of participating in any and all activities connected with or associated with this volunteer activity.

I agree to waive and relinquish all claims that I or my minor child/ward may have as a result of participating in this program against the City of Lincoln and its officials, officers, agents, or volunteers and employees.

I do hereby fully release and discharge the City of Lincoln, its officials, officers, agents, other volunteers and employees from any and all claims for injuries, damages or loss that I may have or which may accrue to me or my minor child/ward on account of my participation in this activity.

I have read and understand the above Waiver and Release of All Claims.

Participant's Name:(please print)_____

X Signature of Parent/Guardian: _____

Date: _____

RELEASE FORM
PHOTOGRAPHS/RECORDED IMAGES/VOICES
Youth Summer Reading Volunteer

GRANTED TO: City of Lincoln, Lincoln City Libraries, Foundation for Lincoln City Libraries

BY: Name of Minor Child: _____

Address (optional): _____

I hereby authorize City of Lincoln/Lincoln City Libraries/Foundation for Lincoln City Libraries, to use my image/voice for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use. I understand that I am to receive no compensation of any kind as a result of any publication, recording, broadcast, rebroadcast or other non-broadcast uses thereof. I understand that my image/voice may be altered as required for publication or distribution. I hereby release the City of Lincoln/Lincoln City Libraries, for any violation of any personal or proprietary right I may have in connection with such use.

The City of Lincoln/Lincoln City Libraries/Foundation for Lincoln City Libraries shall have ownership of resultant production using my image and shall have the exclusive right to make use of such production as stipulated below:

1. Availability for use in promotional brochures, newsletters, and other publications of City of Lincoln/Lincoln City Libraries, and Foundation for Lincoln City Libraries;
2. Availability for Community Access broadcast, strictly a non-profit venue;
3. Availability for use on Web pages and other Internet sites created or used by the City of Lincoln/Lincoln City Libraries/Foundation for Lincoln City Libraries.

X

Signature of Parent/Guardian of Minor Child *Date*

TO BE COMPLETED BY STAFF TAKING PHOTO/RECORDING:

Name of Photographer: _____

Date Photo/Recording Taken: _____

Event: _____

Caption for Photo: _____

Name of File on L Drive where photo stored: _____

Forward completed form to Library Administration