

# Lincoln City Libraries SUMMER READING VOLUNTEER

## CHECKLIST

1. Sign up starting April 15<sup>th</sup> 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.
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## TRAINING SCHEDULE

### **Anderson Branch, 3635 Touzalin Avenue**

You will register for an individual 20-minute training session when you turn in your volunteer application. Sessions will be available at various times 3:30 to 7:30 p.m. Monday, May 21 - Thursday, May 24. Training sessions are scheduled on a first-come, first-served basis.

### **Bennett Martin Public Library, 136 S. 14th Street**

Thursday, May 17, 4:30-5:30 p.m.

Saturday, May 19, 10:30 a.m.-11:30 a.m.

### **Bethany Branch, 1810 N. Cotner Boulevard**

You will register for an individual 20-minute training session when you turn in your volunteer application. Sessions will be available at various times 3:30 to 5:30 p.m. Monday, May 21 - Thursday, May 24. Training sessions are scheduled on a first-come, first-served basis.

### **Eiseley Branch, 1530 Superior Street**

Thursday, May 17, 6:30-7:30 p.m.

Monday, May 21, 4:30-5:30 p.m.

Tuesday, May 29, 11:30-12:30 p.m.

**Gere Branch, 2400 S. 56<sup>th</sup> Street**

Wednesday, May 16, 6:30-7:45 p.m.

Saturday, May 19, 10:30-11:45 a.m.  
or 1:30-2:45 p.m.

Monday, May 21, 4:30-5:15 p.m.

*(For July only volunteers)*

Tuesday, June 26, 6:15-7:30 p.m.

**South Branch, 2675 South Street**

Monday, May 14, 6:30-7:30 p.m.

Wednesday, May 16, 3:30-4:30 p.m.

**Walt Branch, 6701 S. 14<sup>th</sup> Street**

Saturday, May 19, 1:00-2:30 p.m.

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

Monday, May 21, 4:30-6:00 p.m.

Tuesday, May 22, 6:00-7:30 p.m.

*Walt Branch volunteers must also pick one Booster Training Trivia session to attend. Limit of 65 per session. Pizza provided!*

*Thursday, June 14, 5:30-7:00 p.m. or*

*Friday, June 15, 12:00-1:30 p.m.*

**Williams Branch, 5000 Mike School Street**

Wednesday, May 23, 4:30-5:30 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.**

**Volunteers need only to attend one of the listed training sessions.**



**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.

X \_\_\_\_\_  
(Volunteer Signature) (Date)

X \_\_\_\_\_  
(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**

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**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