

Wal-Mart Children's Library
Volunteer Application for Traveling Storytime



Rogers Public Library does not offer court-ordered volunteer hours.
Print clearly.

Incomplete or illegible applications will not be accepted.

All volunteers must be at least 18 years old and must have reliable transportation.

TODAY'S Date: _____

Your Name: _____

Your Address: _____

Your Phone Number: _____

Your E-mail address: _____

Emergency Contact (Name & Number): _____

Why are you interested in volunteering for this program? _____

What days/times are you available to volunteer? [Check all that apply.]

_____ Monday	_____ 8:00AM—12:00PM	_____ 12:00—4:00PM	_____ 4:00—8:00PM
_____ Tuesday	_____ 8:00AM—12:00PM	_____ 12:00—4:00PM	_____ 4:00—8:00PM
_____ Wednesday	_____ 8:00AM—12:00PM	_____ 12:00—4:00PM	_____ 4:00—8:00PM
_____ Thursday	_____ 8:00AM—12:00PM	_____ 12:00—4:00PM	_____ 4:00—8:00PM
_____ Friday	_____ 8:00AM—12:00PM	_____ 12:00—4:00PM	

EDUCATION

Circle elementary or high school grade completed 12 11 10 9 8 7 6 5 4 3 2 1

Did you graduate high school? Please circle Yes No

High School Name and Location _____

Dates Attended _____ to _____

Date Degree Granted or Expected Diploma or Degree _____

Vocational/Technical School Name and Location _____

Dates Attended _____ to _____

Date Degree Granted or Expected Diploma or Degree _____

College Name and Location _____

Dates Attended _____ to _____

Date Degree Granted or Expected Diploma or Degree _____

Graduate School Name and Location _____

Dates Attended _____ to _____

Date Degree Granted or Expected Diploma or Degree _____



CONTACT INFORMATION (In case of an emergency, contact:)

REFERENCES (List three non-family work or personal references who are qualified to describe your work abilities)

1) Last Name

First Name

Phone Number

Email Address

2) Last Name

First Name

Phone Number

Email Address

3) Last Name

First Name

Phone Number

Email Address

What personal qualities do you have that will be helpful to you as a Traveling Storytime Volunteer? For example: Do you speak a language other than English? Do you play a musical instrument? Do you have experience performing with puppets?

Describe past employment and/or volunteer experiences. (If you have no formal experience, please describe responsibilities you have successfully performed at home or at school).



Rogers Public Library has high expectations for our volunteers. To ensure success on the part of the volunteer, the following procedures/policies/rules must be followed:

1. The Volunteer Applicant must successfully complete 3 training sessions with a member of the Children's Library staff before being accepted into this program.
2. The volunteer will provide the Children's Library Director with the times and dates he/she is available to travel to schools, preschools, daycares, etc., to present storytimes. The volunteer will keep track of his/her storytime visits on a log sheet in the Children's Library.
3. The volunteer will pick up his/her assigned storytime kit one week to 3 days ahead of the scheduled storytime visit in order to have time to read through the materials and practice the presentation. It is the volunteer's duty to keep up with the schedule and to practice the storytime at least twice before the date of the storytime visit.
4. The volunteer arrives on time and prepared for the storytime that he/she is presenting. If unable to attend his/her scheduled storytime visit, the volunteer will provide at least 24 hours' notice to the Children's Library at 621-1152 ext. 26. Two unexplained and/or unexcused absences will result in dismissal from this program.
5. The volunteer adheres to the Rogers Public Library dress code.
6. The volunteer will take his/her responsibilities seriously and put forth a commendable effort.
7. The volunteer understands that they must follow the direction of the Children's Library staff. This means that various staff members may give the volunteer direction.
8. The volunteer must refer all patron questions to Library staff.
9. The volunteer representing the Library will act in a mature, responsible manner at all times.
10. The volunteer or the Children's Library Director may discontinue the volunteer relationship at any time for any reason.

I agree and understand that Rogers Public Library will investigate my background and employment history to ascertain any and all information pertaining to my record, whether same is of record or not. I release employers and persons named herein from all liability for any damages on account of their furnishing such information.

If you understand and agree to the above expectations, please sign below.

Volunteer signature

Date

Children's Library Staff Member

Date



WAIVER OF LIABILITY

I hereby request permission of the City of Rogers and its' agencies (hereafter collectively referred to as "City"), to volunteer to work at and participate in the activities of the City. In consideration for such permission, I agree to follow all instructions given by any City employee; I accept full responsibility for my own personal safety; I waive any and all rights or claims against the City in the event of any accident, incident or injury; and I do hereby release any and all employees of the City, and all individual members of the City staff from any and all liability for any injury that I could or do sustain while participating in City activities or service. I understand that working with City employees while performing City functions can be unpredictable and dangerous, and I hereby assume the risks associated with undertaking those activities. In the event of an accident or injury, I authorize the City to notify _____ at the following phone number _____.

I have read the above waiver and agree to follow the instructions I am given. I understand that, in the event that I am injured, I am forfeiting any claim, including fees, costs, expenses, compensation, or any sums from any City source whatsoever, against the City or its employees or agents. I further understand that the City of Rogers and its' agencies are immune from liability and from suit for certain damages except to the extent that they may be covered by liability insurance and that no tort action shall lie against any such political subdivision because of the acts of its' agents and employees. (See A.C.A. 21-9-301 for specific information) I further understand that this Waiver shall remain valid indefinitely or until revoked by me, in writing, with at least 7 days prior notice given to the City of Rogers.

NAME (PRINT)

SIGNATURE

ADDRESS

DL OR ID #

ID VERIFIED BY _____ (Employee)