



2023 Summer Reading Program
Teen Volunteer Application
Santa Ynez Valley Libraries

Volunteer with us this Summer! June 10th – July 29th

Earn Community Service Hours
Award Prizes to Youth Participants
Help with Special Events
Learn About the Library & Get Involved in Your Community

How to Apply

- 1. Complete all the pages in this packet**
- 2. Attend our Teen Volunteer Orientation:
Saturday, June 3, 11:00 am - 12 pm at Solvang Library**



Teens must be ages 14-17 to volunteer

Buellton Library
140 W. Highway 246 Buellton CA 93427
805 688-3115
Buelltonlibrary@cityofgoleta.org

Solvang Library
1745 Mission Drive Solvang CA 93463
805-688-4214
Solvanglibraryvolunteers@cityofgoleta.org

2023 SUMMER READING PROGRAM at Santa Ynez Valley Libraries



VOLUNTEER SCHEDULE FORM

Volunteers should be able to work at least one 2-hour shift each week from **June 10 – July 29**.

PLEASE LET US KNOW ABOUT ANY VACATION PLANS DURING THIS PERIOD.

Volunteer Name: _____

Prefer to volunteer at: (Circle one or more) **Buellton Library** **Solvang Library** **Either**

I'm available for these shifts:

Please circle all available and number 1, 2, 3 for most preferred

Monday <i>Buellton only</i>	Tuesday	Wednesday	Thursday <i>Solvang only</i>	Friday	Saturday
9:30-11:30	9:30-11:30	9:30-11:30	9:30-11:30	9:30-11:30 (Solv only)	9:30-11:30 (Solv only)
11-1	11-1	11-1	11-1	11-1	12-2
1-3	1-3	1-3	1-3	1 - 3	2-4
3-5	3-5	3-5	3-5	3-5	
5-7	5-7 (<i>Buellton only</i>)	5-7 (<i>Solv only</i>)	5-7		

I'm NOT Available on these Dates (Vacation, etc.):

Would you like to be a substitute: Yes _____

No _____

VOLUNTEER'S
SIGNATURE _____

DATE _____

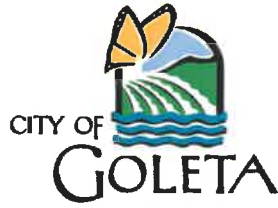
PARENT/GUARDIAN'S
SIGNATURE _____

DATE _____

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For Summer Reading Program at: Solvang Library _____ Buellton Library _____



**VOLUNTEER PROGRAM
MINOR (AGES 14-17) APPLICATION**

Name: _____

Address: _____ Email: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Date of Birth (Month/Day/Year): _____

Names of Parents or Guardians: _____

Parents' or Guardians' Daytime Phone: _____

Emergency Contact: _____ Phone: _____

Have you ever been convicted of a violation or attempted violation of Section 243.4 of the Penal Code, a sex offense against a minor, or of any felony, which requires registration pursuant to Section 290 of the Penal Code? Yes No

School: _____ Grade: _____

Career Interests:

Special Skills, Talents and Languages:

How did you become interested in the volunteer program?

Assignments Preferred: _____

Previous Volunteer Experience: _____

Other Applicable Experience: _____

Hours Available:(SEE OTHER FORM FOR SUMMER READING AVAILABILITY)

Sunday _____ Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____

Saturday _____

Do you have any limitations related to health or physical ability? If so, please explain:

Applicant Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____



Completion of the Remainder of this Form is Optional

Volunteers are recruited and selected on their interests, skills, knowledge and abilities. A diverse corps of volunteers is both necessary and desirable. The program office uses the following demographic information to meet diversity goals.

Please Check One:

_____ Black (Not Hispanic) _____ White (Not Hispanic) _____ Hispanic

_____ American Indian or Alaskan Native _____ Asian or Pacific Islander

WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE

I, _____ (FULL NAME), fully understand that my participation in the _____ (hereinafter "event/class") exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that I am voluntarily participating in this event/class and agree to assume any such risks.

I hereby release, discharge and agree not to sue the City of Goleta for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of _____ or any other participants in the event/class. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless City of Goleta from any and all claims, demands actions or suits arising out of or in connection with my participation in the event/class.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Date

Signature/ Parent or Guardian
(If under age 18)

DECLARATION

I, _____, declare under penalty of perjury under the laws of the State of California that I am the parent or legal guardian of Minor. I further declare that I shall indemnify and hold harmless the City of Goleta from and against any and all Claims resulting from, incident to, or arising out of Minor's participation in the event/class, any and all risks assumed by Minor and me above, and/or the breach of any promises, covenants, and/or representations made by me herein and/or in the above Release.

By: _____
Signature of Parent/Legal Guardian

Name: _____
Printed Name of Parent/Legal Guardian