



Volunteer Interest Form

Please return your completed form to volunteer@sfpl.org or SFPL Volunteer Services, 100 Larkin Street, San Francisco, CA 94102.

Contact Information & History

Name		DOB
Address w/apt #, city, ZIP		
Phone	E-mail Address	
Have you ever worked or volunteered for a library system before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which?		
I am currently: <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Working		
If employed, what company or organization?		
Are you in need of Reasonable Accommodations due to a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:		
Have you ever been convicted of a crime (omit minor traffic violations and marijuana-related offenses)? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain:		
Is your volunteerism required or supported by another party? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide details, including the name & phone of the court, business, organization or agency, and required hours.		

Emergency Contact

Name/ Relationship	Phone
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Personal or Professional Reference

Name/ Organization	Phone/Email
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Skills, Experience, & Interests *Include languages spoken and LinkedIn (or other profile) if relevant.*

Which best describes your library use?

I am a frequent user of the library for _____

I come to the Library occasionally for _____

Volunteering will be my first introduction to the Library.

Opportunities *Which interest you? Most involve 1-2 hours a week (after training); some require a background check*

<input type="checkbox"/> 1:1 Children's Reading Tutor	<input type="checkbox"/> 1:1 ESL/ELL Tutor (adult learner)	<input type="checkbox"/> Basic Computer/Smart Phone Help
<input type="checkbox"/> Children's Hospital Book Buddy	<input type="checkbox"/> Conversational Language Leader	<input type="checkbox"/> Intermediate/Advanced Tech Help
<input type="checkbox"/> Homework Help Assistant	<input type="checkbox"/> 1:1 Reading Tutor (adult learner)	<input type="checkbox"/> Event Assistance/Short-term gigs
<input type="checkbox"/> The Mix (Teen Center) Assistant	<input type="checkbox"/> Veterans Resource Center Support	

Other: _____

Availability Please list the times you generally expect to be available for the next 3-6 months

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred locations Please select your top three choices for library location

You can visit our website for a [list of library locations](#), including open hours.

1. _____ 2. _____ 3. _____

Photo Release

One of the best methods of highlighting all of the great work our volunteers accomplish is photo documentation. While it is not mandatory for volunteers to agree to allow their likeness to be used by the SFPL Volunteer Program, it is strongly encouraged.

I do hereby consent and agree that the San Francisco Public Library, its employees, or agents have the right to take photographs, videotape, or digital recordings of me exclusively for the purpose of promoting the Library’s Volunteer Program. I understand that there will be no financial gain for recording me, either for initial or subsequent transmission or playback.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

I **do** agree to have my likeness used in Library promotional materials.

I **do not** agree to have my likeness used in Library promotional materials.

(Signature of Applicant)

Please read the following information and sign below:

I certify that the information on this application is complete and correct to the best of my knowledge. I hereby authorize the investigation of all statements made in this application. In consideration of my volunteering, I agree to conform to the rules and regulations of the San Francisco Public Library and its volunteer program policy and procedures. I do hereby agree to hold harmless the City and County of San Francisco from any and all claims or causes of action that may arise out of performance of my assigned duties. I waive any right of action I have against the City and County of San Francisco in consideration of my participation as a volunteer for the Library.

I also understand that in my capacity as a San Francisco Public Library volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

(Print Name)

(Signature)

For Official Use Only:

Date Received:
Interview Date:
Orientation Date:
Fingerprinting/ Background
Check: Badge Received:
Placement Location: Main Branch: _____
Volunteer Position/ Onsite Supervisor: _____

Notes: