

VOLUNTEER APPLICATION

 PERSONAL 	INFORMATION
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Name	
E-Mail Address	
Telephone/Cell Phone	
Mailing Address	
In Case of Emergency, notify	
 NamePhone 	
Relationship	
You must be at least 14 to volunteer. Volunteers under 18 must have	ve a parent/guardian
complete the consent section on the reverse side of this application	١.
Age if under 18	
Why do you want to volunteer?	

By completing and submitting this application, I hereby certify, understand, and agree that I am applying for a position as a volunteer, as that term is defined by the Fair Labor Standards Act, and that any services that I may provide to the Oregon Trail Library District will be rendered solely in my capacity as a volunteer, and free from coercion or duress. I further certify, understand, and agree that, in consideration for my services as a volunteer, I will receive no compensation, wages, earnings, or benefits from the Library, and I maintain no expectation or hope of receiving any compensation, wages, earnings, or benefits, nor has the Library, or any employee or agent thereof, made any representation or promise regarding my receipt of compensation, wages, earnings, or benefits. Finally, I expressly represent and warrant that I desire to be engaged by the Library as a volunteer for civic, charitable, or humanitarian reasons, purposes, or Updated 10/06/2021

motives, and will render services in my capacity as a volunteer in accordance with such reasons, purposes, or motives

• LOCATION PREFERENCE

- o Boardman
- o Heppner
- o Irrigon

PARENT/GUARDIA	N CONSENT (for v	olunteers under age 18)
I give permission for	the above applicar	nt to volunteer at The Oregon Trail Public Library
for a maximum of _	hours per wee	ek (three hours minimum). If you need to reach
me, my phone numb	oer is:	
Day	Evening_	
Cell		
Parent/Guardian Sig	gnature	Date
FOR OTLD LIBRAR	Y DIRECTOR ONL	_Y
Interview Date		Interviewed by
Accepted Yes	No	
Start Date		_Assignment
Comments:		