



Tulare Public Library Volunteer Application

475 North M Street | Tulare, CA 93274 | (559) 685-4500



LIBRARY HOURS:

Tuesday-Friday: 10am-7pm | Saturday: 10am-5pm | Closed: Sun. & Mon.

Contact Information

NAME:

STREET ADDRESS:

CITY:

STATE:

POSTAL CODE:

HOME PHONE: (___) - ___ - ____

CELL PHONE: (___) - ___ - ____

BIRTHDATE: __/__/____

E-MAIL ADDRESS:

Have you volunteered at the Tulare Public Library before?

When Would You Like To Volunteer?

Mark day/s available to volunteer with an "X" & then put the number of hours you are available below:

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Hours: _____

Hours: _____

Hours: _____

Hours: _____

Hours: _____

Areas Of Interest

Adult Only* (18+)

Volunteer Opportunities for Ages 13+*

___ K-12 Homework Help

___ Book Wrangler

___ Friends of the Tulare Public Library (*Through Friends*)

___ Veterans Resource Center

___ Computer Lab Assistant

___ Teen Advisory Board

___ Genealogy @ TPL (*Through "Sequoia Genealogical Society"*)

___ Other (*Internal Partner*)

***Fingerprinting required for all volunteers**

For Court Ordered Community Service Refer to the Tulare Volunteer Bureau Inc. 219 N M St (559) 688-0539

Person To Notify In Case Of Emergency

NAME:

PHONE:

RELATIONSHIP:

Agreement And Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the volunteer program. I also agree to indemnify, hold harmless, and release the city of Tulare, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or videotape taken of my child/ward participating in this volunteer activity may be used for outreach, education, or documentation purposes by Tulare Public Library.

Please complete the questions on the back of this application. Incomplete applications will not be accepted.

APPLICANT NAME (Please Print):

APPLICANT SIGNATURE:

DATE:

PARENT/GUARDIAN SIGNATURE (if under the age 18):



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Please answer the questions below. Use a separate sheet of paper if necessary.
Incomplete applications will not be accepted.

1. Why are you interested in volunteering at TPL and what are you hoping to gain from your time with us?

2. What is your previous volunteer or work experience and what skills did you learn?

3. How long are you available to volunteer? (A minimum of two months is preferred.)