

# Oakland Public Library Volunteer Application

Please return the completed application to: Sara DuBois, Volunteer Coordinator, Oakland Public Library,  
125 – 14<sup>th</sup> Street, Room 210, Oakland, CA 94612 or scan and email to [sdubois@oaklandlibrary.org](mailto:sdubois@oaklandlibrary.org).

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Age 18 or over: Yes  No  (If "no", please complete our Teen Application instead.)

Person to contact in case of emergency Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Employer \_\_\_\_\_

Technical Skills and Hobbies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fluent Languages (other than English) \_\_\_\_\_

(please complete Page 2)

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*\*Visit [www.oaklandlibrary.org/volunteer](http://www.oaklandlibrary.org/volunteer) for a list of current volunteer opportunities.*

## Hours You are Available to Volunteer each Week (6-12 months typically required)

(Example)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
3-6:00 p.m.							

**Preferred Opportunity** (computer docent, garden assistant, one-time events, etc.)\* \_\_\_\_\_

*(Some volunteer opportunities — such as story-reading with Books for Wider Horizons or volunteering at the Bookmark Bookstore — require a different application. Check the website or call 510-238-6572 to confirm.)*

**Preferred Volunteer Site** (specific branch or Main) \_\_\_\_\_

**Why do you want to volunteer with the library?** \_\_\_\_\_

## References

1: Name \_\_\_\_\_ City, State \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

2: Name \_\_\_\_\_ City, State \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Liability Waiver:

I do hereby agree to indemnify and hold harmless the City of Oakland, its employees, volunteers or agents from any and all claims or causes of action that may arise out of performance of my assigned duties as a volunteer. I waive any right of action I have against the City of Oakland in consideration of my participation as a volunteer for the City and the Oakland Public Library.

## Confidentiality Statement:

I understand that in my capacity as a City of Oakland 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_