



# YLC Application

Return completed forms and essay to the Main Library TeenZone, 125 14<sup>th</sup> Street, Oakland Public Library.

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Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_  cell  home

Email address \_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Hobbies/ Interests/ Extra Curricular activities \_\_\_\_\_

Where did you hear about the YLC program? \_\_\_\_\_

**Person to contact in case of emergency:**

Name \_\_\_\_\_

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

**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: \_\_\_\_\_

**OUR MISSION:** *The Youth Leadership Council is a group of highly motivated Oakland young people working closely with the Library's Young Adult Services Department to help improve its service to the City's young people and to raise library awareness among other young people and adults. Members of the YLC serve as a junior Speakers Bureau for the library, representing OPL at national, state, and citywide functions, as well as at all of the Library's own public functions. YLC members meet monthly to prepare support strategies for the library as well as gain valuable experience learning how a large public service organization makes decisions, relates to the broader city, and responds to change.*

**On this page please write a short essay describing why you would like to join Oakland Public Library's Youth Leadership Council (YLC):**

## Youth Volunteer Permission Slip

Dear Parent or Guardian:

(Name of Youth) \_\_\_\_\_ is interested in volunteering for the Oakland

Public Library Youth Leadership Council at the Main Library. Since he/she is under the age of eighteen

(18), we need your permission to complete the placement. I give my permission to complete the placement of my child \_\_\_\_\_ in a volunteer position with the Oakland Public Library.

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I \_\_\_\_\_, do hereby indemnify and hold harmless the City of Oakland, its employees, volunteers, or agents from any liability for accidents, injuries or illness that may occur to my child from his or her participation in the Library Volunteer Program.

The Oakland Public Library also has permission to use my child's photograph or videotaped image in publicity about the Library and its activities.

Parent/Guardian signature \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Date \_\_\_\_\_

### OAKLAND PUBLIC LIBRARY PHOTOGRAPHIC PERMISSION FORM

I agree that my photograph can be used by the Oakland Public Library in its publications (including its Web site) and/or other publications *solely* for the purposes of documenting and promoting use of the Oakland Public Library, its services and programs. The photograph will not be used for commercial reasons.

Name \_\_\_\_\_  
(please print)

Street or P.O. Box \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_