

ALL CLEAR! VOLUNTEER APPLICATION



Please return application to Jessica Johnson, W. Dale Clark Main Library, 215 S. 15th St., Omaha NE 68102-1629 or email to jjohnson@omahalibrary.org or fax to 402.444.4504.

Personal Information

Name:		Date of Birth:		
Address:		City:	State:	Zip:
Home Phone:	Cell Phone:	Email Address:		

Availability

Check the days you are available: Mon Tues Wed Thurs Fri Sat Sun

Check the times you are available: 10 – Noon Noon – 2 PM 2 – 4 PM 4 – 6 PM 6 – 8 PM

At which location would you like to volunteer? Mark as many as you like, but please number in priority order if choosing more than one.

<input type="checkbox"/> W. Dale Clark Main Library	<input type="checkbox"/> Milton R. Abrahams Branch	<input type="checkbox"/> Benson Branch
<input type="checkbox"/> Bess Johnson Elkhorn Branch	<input type="checkbox"/> Florence Branch	<input type="checkbox"/> Millard Branch
<input type="checkbox"/> Saddlebrook Branch	<input type="checkbox"/> A.V. Sorensen Branch	<input type="checkbox"/> South Omaha Library
<input type="checkbox"/> W. Clarke Swanson Branch	<input type="checkbox"/> Charles B. Washington Branch	<input type="checkbox"/> Willa Cather Branch

Emergency Contact Information

Name:		Relationship:
Day Phone:	Evening Phone:	Cell Phone:

I, _____, understand that I am volunteering to clear my library record of fines. I will take the required training for the job for which I am assigned. I will make every effort to honor my commitment and will call prior to my scheduled volunteer time if I must reschedule for any reason. I have received a copy of the library's policy for ALL CLEAR service and agree to abide by this policy.

I acknowledge that there is no salary or other compensation for my services as a volunteer, and, as a volunteer, I will not be covered by Workers' Compensation.

I also understand that in my capacity as an Omaha 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 has ended.

Signature of Applicant _____ Date _____
Parent/Guardian Signature _____ Date _____

Office Use Only

Amount of Fines: _____	Hours required: _____	Completion date: _____	Assigned Branch: _____	Supervisor: _____
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