



JUNIOR FRIENDS MONTEREY PARK BRUGGEMEYER LIBRARY VOLUNTEER APPLICATION

Name: _____ Birth date: _____
(Last) (First) (Middle)

Address: _____

City: _____ Zip: _____

Phone number: Cell () _____ Home () _____

E-mail: _____

Times to volunteer:

Meetings are on the 2nd and 4th Thursday @ 4 pm in Friends Room or the Young Adult Area of the Library.
All other service time are done by appointment.

Please indicate the High School you attend:

Mark Keppel _____ Ramona Convent _____ Schurr _____ Other _____

.....
Individual to be notified in case of an emergency:

Name: _____ Relationship: _____

Address: _____ Phone No: _____

I understand that the above information is voluntarily supplied and may be used for record keeping purposes and that as a volunteer, I will not be paid for my services.

Signature: _____ Date: _____

PARENTAL CONSENT (Volunteers 14 – 17 years)

I hereby allow my child to participate in the Monterey Park Bruggemeyer Library, City of Monterey Park’s Volunteer Program. I understand that he/she is offering their services on a voluntary basis without anticipation of financial remuneration and I shall indemnify and hold harmless the City of Monterey Park, its Council, Commissions, Boards and their officers, agents and employees, from and against all claims, demands, losses or liability or against any kind or nature of possible injury incurred during his/her volunteer service. _____ **(Parents’ Initials)**

Media Release: Your child may be photographed during Junior Friends activities to promote and/or make the club more visible in the community. Their image will be used with your permission. Your signature below provides us your authorization to photograph and use your child(s) image for Monterey Park Bruggemeyer library publicity/ marketing. _____ **(Parents’ Initials)**

Medical Waiver: I consent to emergency medical treatment for my child and will assume all medical costs. _____ **(Parents’ Initials)**

Signature of Parent or Guardian _____ Date: _____