

MADISON    RIDGELAND    CANTON    FLORA    CAMDEN

## Youth Volunteer Application

{ Youth Volunteer = 5<sup>th</sup>-12<sup>th</sup> grades }

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

*VOLUNTEER'S* Email address \_\_\_\_\_

*PARENT'S* Email address: \_\_\_\_\_

Facebook? (circle one) Y or N; If yes, please provide your FB Profile Name: \_\_\_\_\_

Which do you prefer us to use to contact you?: (circle one) EMAIL or FACEBOOK or PHONE #

School Attending in Fall of 2010 \_\_\_\_\_

Age \_\_\_\_\_ Grade in Fall of 2010 \_\_\_\_\_ Community Service? Y or N How many hours \_\_\_\_\_

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

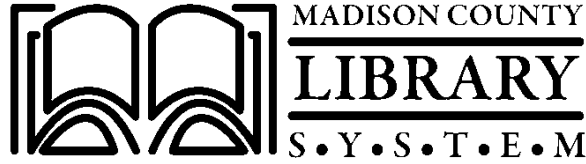
Name \_\_\_\_\_

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

**Confidentiality Statement:**

I understand that in my capacity as an MCLS 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. \*Also by signing below, I am accepting responsibility that I will call the Children's Specialist 24 hours in advance for any shift that I have to cancel for any reason.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



MADISON RIDGELAND CANTON FLORA CAMDEN

## Youth Volunteer Permission Slip/Release of Liability

I, \_\_\_\_\_ acknowledge that I am a volunteer for the Madison County Library System. I am volunteering my time to work in the \_\_\_\_\_ Branch of the Madison County Library System.

I acknowledge that as a volunteer I am not an employee of the Madison County Library System. As such, I am not covered by any Workman’s Compensation benefits, or any insurance that would otherwise compensate an employee for work-related injuries.

As a volunteer for the Madison County Library System, I release the Madison County Library System, its Board of Trustees, and its employees from any and all claims that may arise as a result of any personal injury, property damage or loss of any kind sustained by me in connection with my volunteer work for the library system.

I further acknowledge that if I should use my own vehicle in the performance of my volunteer duties, that vehicle is not covered by any insurance in force on behalf of the Madison County Library System or any other government entity. I assume all responsibility for any damage or loss arising out of the use of my personal vehicle for volunteer work.

I also agree to indemnify and hold the Madison County Library System and any of its branches harmless from any claims, causes of action, assessments or damages arising out of the use of my vehicle while performing work for the library system. This indemnity includes any attorney fees, court costs, litigation expenses, or damage awards that might be assessed against the Madison County Library System, or any of its branches, and arising out of the use of my vehicle while doing volunteer work for the Madison County Library System.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**\*If the volunteer is under 18 years of age, a parent/guardian must consent by signing below.**

Dear Parent or Guardian:

Your child is interested in volunteering for the Madison County Library System at the \_\_\_\_\_ Branch. Since he/she is under the age of eighteen (18), we need your permission to complete the placement. If you have no objection, please sign and return this form to the \_\_\_\_\_ Branch, along with the attached schedule with his/her hours of choice on the back side of this page, to the Madison County Public Library System. A copy of this slip and the schedule he/she has chosen will be made for you.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Volunteer

**MADISON PUBLIC LIBRARY YOUTH VOLUNTEER SCHEDULE**

Contact: Liz Turner- [eturner@mcls.ms](mailto:eturner@mcls.ms); 601-856-2749

VOLUNTEER'S NAME: \_\_\_\_\_  
(Please Print Clearly)

*\* In order to be considered for a Summer Volunteer Opportunity, this schedule must be returned, attached to your application. Applications returned without a work schedule properly completed will be disregarded.*

***\*\*Circle each block of time you are available to work.*** *The more blocks of time an applicant is available for, the greater that applicant's chances are of being assigned hours.* Once an applicant has been assigned hours based on the applicant's choices below they will receive a copy of his/her schedule by email. If an applicant cannot receive a schedule by email, he/she will receive a phone call and a copy will be left for the applicant at the front desk of the preferred branch. It is the VOLUNTEER's responsibility to keep up with scheduled volunteer hours.

*\*\*\*The Children's Specialist will assign qualified applicants to one or two shifts from the options the applicant provides. Any additional opportunities to volunteer will be made available by the Children's Specialist and will be added to this schedule should they arise.*

**\*\*\*PLEASE READ AND CIRCLE CAREFULLY!!**

Wednesday, JUNE 2<sup>nd</sup>: {9:30am-11:30pm} **OR** {1:30pm-3:30pm} **OR** {3:30pm-5:30pm}  
\*Summer Registration Help WANTED!!!

Thursday, JUNE 3<sup>rd</sup>: {9:30am-11:30pm} **OR** {1:30pm-3:30pm} **OR** {3:30pm-5:30pm}  
\*Summer Registration Help WANTED!!!

Wednesday, JUNE 9<sup>th</sup>: {1:30pm- 3:30pm}

Wednesday, JUNE 16<sup>th</sup>: {1:30pm- 3:30pm}

Wednesday, JUNE 23<sup>rd</sup>: {1:30pm- 3:30pm}

Wednesday, JUNE 30<sup>th</sup>: {1:30pm- 3:30pm}

Wednesday, JULY 7<sup>th</sup>: {1:30pm- 3:30pm}

Wednesday, JULY 14<sup>th</sup>: {1:30pm- 3:30pm} **OR** {3:30pm-5:00pm}

\*Volunteers will be notified of any cancellations that should arise as soon as possible.

*\*\*By signing this document, I am agreeing to be available to work any of the above-circled selections, if chosen for that time-slot.*

VOLUNTEER'S SIGNATURE: \_\_\_\_\_

**RIDGELAND PUBLIC LIBRARY YOUTH VOLUNTEER SCHEDULE**

Contact: Stephanie Jurss- [sjurss@mcls.ms](mailto:sjurss@mcls.ms); 601-856-4536

VOLUNTEER'S NAME: \_\_\_\_\_  
(Please Print Clearly)

*\* In order to be considered for a Summer Volunteer Opportunity, this schedule must be returned, attached to your application. Applications returned without a work schedule properly completed will be disregarded.*

***\*\*Circle each block of time you are available to work.*** *The more blocks of time an applicant is available for, the greater that applicant's chances are of being assigned hours.* Once an applicant has been assigned hours based on the applicant's choices below they will receive a copy of his/her schedule by email. If an applicant cannot receive a schedule by email, he/she will receive a phone call and a copy will be left for the applicant at the front desk of the preferred branch. It is the VOLUNTEER's responsibility to keep up with scheduled volunteer hours.

*\*\*\*The Children's Specialist will assign qualified applicants to one or two shifts from the options the applicant provides. Any additional opportunities to volunteer will be made available by the Children's Specialist and will be added to this schedule should they arise.*

**\*\*\*PLEASE READ AND CIRCLE CAREFULLY!!**

Tuesday, JUNE 1<sup>st</sup>: {10:00am-12:00p.m.} **OR** {2:00p.m.-4:00p.m.}

\*Summer Registration Set-up Help WANTED!!!

Wednesday, JUNE 2<sup>nd</sup>: {9:30am-11:30pm} **OR** {1:30pm-3:30pm} **OR** {3:30pm-5:30pm}

\*Summer Registration Help WANTED!!!

Thursday, JUNE 3<sup>rd</sup>: {9:30am-11:30pm} **OR** {1:30pm-3:30pm} **OR** {3:30pm-5:30pm}

\*Summer Registration Help WANTED!!!

Tuesday, JUNE 8<sup>th</sup> {4:00pm- 6:30pm}

Tuesday, JUNE 15<sup>th</sup>: {4:00pm- 6:30pm}

Tuesday, JUNE 22<sup>nd</sup> : {4:00pm- 6:30pm}

Tuesday, JUNE 29<sup>th</sup> : {4:00pm- 6:30pm}

Tuesday, JULY 6<sup>th</sup>: {4:00pm- 6:30pm}

Tuesday, JULY 13<sup>th</sup>: {3:00pm- 5:00pm} **OR** {4:30pm-6:30pm}

\*Volunteers will be notified of any cancellations that should arise as soon as possible.

***\*\*By signing this document, I am agreeing to be available to work any of the above-circled selections, if chosen for that time-slot.***

VOLUNTEER'S SIGNATURE: \_\_\_\_\_

**CANTON PUBLIC LIBRARY YOUTH VOLUNTEER SCHEDULE**

Contact: Anne Hodges- [ahodges@mcls.ms](mailto:ahodges@mcls.ms) 601-859-3202  
Or Martha Womack- [mwomack@mcls.ms](mailto:mwomack@mcls.ms) 601-859-7733 ext 107

VOLUNTEER'S NAME: \_\_\_\_\_

*(Please Print Clearly)*

*\* In order to be considered for a Summer Volunteer Opportunity, this schedule must be returned, attached to your application. Applications returned without a work schedule properly completed will be disregarded.*

***\*\*Circle each block of time you are available to work.*** *The more blocks of time an applicant is available for, the greater that applicant's chances are of being assigned hours. Once an applicant has been assigned hours based on the applicant's choices below they will receive a copy of his/her schedule by email. If an applicant cannot receive a schedule by email, he/she will receive a phone call and a copy will be left for the applicant at the front desk of the preferred branch. It is the VOLUNTEER's responsibility to keep up with scheduled volunteer hours.*

*\*\*\*The Children's Specialist will assign qualified applicants to one or two shifts from the options the applicant provides. Any additional opportunities to volunteer will be made available by the Children's Specialist and will be added to this schedule should they arise.*

**\*\*\*PLEASE READ AND CIRCLE CAREFULLY!!**

**\*\*FAMILY PROGRAMS WILL BE HELD AT THE CANTON MULTIPURPOSE COMPLEX; PROGRAM VOLUNTEER OPPORTUNITIES WILL BE AT THIS LOCATION.\*\***

Thursday, JUNE 10<sup>th</sup>: {9:00am- 11:00am} @ THE CANTON MULTIPURPOSE COMPLEX

Thursday, JULY 1<sup>st</sup>: {9:00am- 11:00am} @ THE CANTON MULTIPURPOSE COMPLEX

Thursday, JULY 8<sup>th</sup>: {9:00am- 11:00am} @ THE CANTON MULTIPURPOSE COMPLEX

**PLEASE** list below what other days and hours during the week you would be available to help out in the Canton Public Library:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Volunteers will be notified of any cancellations that should arise as soon as possible.

***\*\*By signing this document, I am agreeing to be available to work any of the above-circled selections, if chosen for that time-slot.***

VOLUNTEER'S SIGNATURE: \_\_\_\_\_

**FLORA PUBLIC LIBRARY YOUTH VOLUNTEER SCHEDULE**

Contact: Ivey Lowry- [ilowry@mcls.ms](mailto:ilowry@mcls.ms); 601-859-7733 ext 115

VOLUNTEER'S NAME: \_\_\_\_\_  
(Please Print Clearly)

*\* In order to be considered for a Summer Volunteer Opportunity, this schedule must be returned, attached to your application. Applications returned without a work schedule properly completed will be disregarded.*

***\*\*Circle each block of time you are available to work.*** *The more blocks of time an applicant is available for, the greater that applicant's chances are of being assigned hours.* Once an applicant has been assigned hours based on the applicant's choices below they will receive a copy of his/her schedule by email. If an applicant cannot receive a schedule by email, he/she will receive a phone call and a copy will be left for the applicant at the front desk of the preferred branch. It is the VOLUNTEER's responsibility to keep up with scheduled volunteer hours.

*\*\*\*The Children's Specialist will assign qualified applicants to one or two shifts from the options the applicant provides. Any additional opportunities to volunteer will be made available by the Children's Specialist and will be added to this schedule should they arise.*

**\*\*\*PLEASE READ AND CIRCLE CAREFULLY!!**

Tuesday, JUNE 1<sup>st</sup>: {12:00p.m.-4:00p.m.}

\*Summer Registration Set-up Help WANTED!!!

Wednesday, JUNE 2<sup>nd</sup>: {9:30am-11:30pm} **OR** {1:30pm-3:30pm} **OR** {3:30pm-5:30pm}

\*Summer Registration Help WANTED!!!

Thursday, JUNE 3<sup>rd</sup>: {9:30am-11:30pm} **OR** {1:30pm-3:30pm} **OR** {3:30pm-5:30pm}

\*Summer Registration Help WANTED!!!

Thursday, JUNE 10<sup>th</sup>: {4:30pm-6:30pm}

Thursday, JUNE 17<sup>th</sup>: {12:00-3:30pm} **OR** {4:30pm-6:30pm}

Thursday, JUNE 24<sup>th</sup>: {12:00-3:30pm} **OR** {4:30pm-6:30pm}

Thursday, JULY 1<sup>st</sup>: {12:00-3:30pm} **OR** {4:30pm-6:30pm}

Thursday, JULY 8<sup>th</sup>: {4:30pm-6:30pm}

Thursday, JULY 15<sup>th</sup>: {3:30pm-5:30pm} **OR** {5:00-7:00pm}

\*Volunteers will be notified of any cancellations that should arise as soon as possible.

***\*\*By signing this document, I am agreeing to be available to work any of the above-circled selections, if chosen for that time-slot.***

VOLUNTEER'S SIGNATURE: \_\_\_\_\_

**CAMDEN PUBLIC LIBRARY YOUTH VOLUNTEER SCHEDULE**

Contact: Ivey Lowry- [ilowry@mcls.ms](mailto:ilowry@mcls.ms); 601-859-7733 ext 115

VOLUNTEER'S NAME: \_\_\_\_\_  
(Please Print Clearly)

*\* In order to be considered for a Summer Volunteer Opportunity, this schedule must be returned, attached to your application. Applications returned without a work schedule properly completed will be disregarded.*

***\*\*Circle each block of time you are available to work.*** *The more blocks of time an applicant is available for, the greater that applicant's chances are of being assigned hours.* Once an applicant has been assigned hours based on the applicant's choices below they will receive a copy of his/her schedule by email. If an applicant cannot receive a schedule by email, he/she will receive a phone call and a copy will be left for the applicant at the front desk of the preferred branch. It is the VOLUNTEER's responsibility to keep up with scheduled volunteer hours.

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**\*\*\*PLEASE READ AND CIRCLE CAREFULLY!!**

Tuesday, JUNE 8<sup>th</sup>: {10:00am- 12:00pm} **OR** {12:30pm-3:00pm}

Tuesday, JUNE 15<sup>th</sup>: {10:00am- 12:00pm}

Tuesday, JUNE 22<sup>nd</sup>: {10:00am- 12:00pm}

Tuesday, JUNE 29<sup>th</sup>: {10:00am- 12:00pm} **OR** {12:30pm-3:00pm}

Tuesday, JULY 6<sup>th</sup>: {10:00am- 12:00pm}

Tuesday, JULY 13<sup>th</sup>: {10:00am-12:00pm} **OR** {11:30am-1:30pm}

\*Volunteers will be notified of any cancellations that should arise as soon as possible.

***\*\*By signing this document, I am agreeing to be available to work any of the above-circled selections, if chosen for that time-slot.***

VOLUNTEER'S SIGNATURE: \_\_\_\_\_