



WESTMINSTER

Department of General Services
City of Westminster Volunteer Application
For Library-Young Adult Volunteers

Please Return to:
Volunteer Coordinator
City of Westminster
4800 W. 92nd Avenue
Westminster, CO 80031
303-658-2159
Fax: 303-706-3924
volunteer@cityofwestminster.us

Please type or print

Last Name First Name
Address City Zip
Home Phone E-Mail School & Grade
Signature Date

Check which branch of the library you would like to work in:
[ ] College Hill [ ] Irving Street [ ] Either One

Table with 9 columns: Indicate day (s) & time(s) available to volunteer, Morning, Afternoon, Evening, Sun, Mon, Tue, Wed, Thur, Fri, Sat

Briefly, explain why you would like to volunteer.

In Case of Emergency
Please list two people to notify In Case of an Emergency. One of the two people needs to be a parent/guardian.
Name Address City & Zip
Relationship Home Phone Work Phone

References: Ongoing volunteers only (Please print and do NOT list relatives.)
Name: Phone: Relationship:
Name: Phone: Relationship:

How did you hear about the City of Westminster's Volunteer Program?	
<input type="checkbox"/> Channel 8	<input type="checkbox"/> Newspaper (specify which one)
<input type="checkbox"/> City Web Site	<input type="checkbox"/> Word of Mouth (relative, friend, etc.)
<input type="checkbox"/> Volunteer Match	<input type="checkbox"/> Other (specify)

<input type="checkbox"/> <b>Ongoing Volunteer</b>	<b>(Check One)</b>	<input type="checkbox"/> <b>Summer Program Only</b>
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**VOLUNTEER SERVICE AGREEMENT**

I, (Name of Volunteer)

Volunteer for the City of Westminster Commitment Agreement  
 starting (Date) (Length of Commitment)

My schedule will be (Day(s)) from (Time) to (Time)

*As a volunteer for the City of Westminster's Community Volunteer Program I agree to:*

1. Perform the tasks as outline in my volunteer job description.
2. Report to work on time and as scheduled.
3. Notify my supervisor if I am unable to come in as scheduled.
4. Accept supervision.
5. Perform the job in an appropriate manner.
6. Observe rules and policies as they apply to this position.
7. Strive to assist the City in meeting its goals and objectives.
8. Maintain confidentiality.
9. Give adequate notice before terminating my services.

10.

11.

12.

Signed (Volunteer) Date

Signed (Parent/Guardian) Date

Signed (Supervisor) Date

Office Use Only				
Date Rec.	Date Sent	To	Dept.	Position
Date Sent Postcard/e-mailed		Date Started	Date put on Database	