Oceanside Public Library Teen Partner Application

Name:	
Date of Birth: / /	
Volunteer location preference:	Civic Center Library
	☐ Mission Branch Library
	Adelante Bookmobile
	Bookmobile
Emergency Contact Name:	■ Virtual
Cell Phone: () -	-



OCEANSIDE PUBLIC LIBRARY'S TEEN PARTNERS

Through the Teen Partner volunteer program, you can gain valuable experience necessary for school, college applications, resumes, or just for fun!

Work on projects such as displays, organization, planning and attending youth events, homework help and more! Sign up to work shifts with your friends and make some new ones while you're here.

Volunteers must be 14-18 years old and currently in high school. Virtual opportunities are available for some projects.

Court ordered community service is not accepted

For More Information

Jillian Jenkins Teen Librarian I JJenkins@oceansideca.org 760-435-5567







Erin Nakasone
Senior Librarian, Teen Services
ENakasone@oceansideca.org
760-435-5603

APPLY NOW!



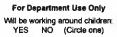


VOLUNTEER/INTERN APPLICATION

CITY OF OCEANSIDE

HUMAN RESOURCES DEPARTMENT 300 NORTH COAST HIGHWAY OCEANSIDE, CA 92054 760-435-3500

www.ci.oceanside.ca.us





Barrier Maria de Propinsi de P					
Name:					
Address:	First		Middle		95.3
Number and Street	Apt. #	City	State	Zip	C. 18 (III-
Phone Number: Home ()	Cell/	: ()		Ext	88
Email Address:					
Do you have a valid California driver's license				☐ Yes	□ No
Class Number:	Exp. (Date			
Are you related to anyone who works for the	City of Oceansid	te?		☐ Yes	□ No
If yes, Name:	Relationshi	p:		_	
Department:		_			
Do you speak/write any languages in addition	n to English?			☐ Yes	□ No
If yes, please specify the languages;					
Have you ever been convicted of a crime (Ex	cludina minor Ti	raffic Violations)	?	☐ Yes	□ No
If ves. please explain:					
If yes, please explain:	Op.	Coall in			_
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AREAS OF INTEREST			
Select one of the following: □ Volunteer □ Intern			
Will the volunteer/intern be driving for the City? ☐ Yes ☐ No If Yes, you must submit the following copies with your application: DMV Printout, Driver's License, Proof of Insurance, and Vehicle Registration.			
Please check the area of City Government you would like to volunteer or intern in:			
☐ City Attorney ☐ City Clerk ☐ City Manager ☐ City Treasurer			
☐ Development Services (☐ Building, ☐ Engineering, ☐ Planning) ☐ Financial Services ☐ Fire			
☐ Human Resource ☐ Information Technology ☐ Library			
☐ Neighborhood Services (☐ Code Enforcement, ☐ Housing, ☐ Parks and Recreation)			
☐ Police (☐ Harbor Police, ☐ Police Explorer, ☐ Senior Volunteer Patrol Program – S.V.P.P.)			
□ Public Works □ Water Utilities			
Please list any physical limitations that need to be accommodated to help you volunteer.			
How did you hear about volunteer opportunities at the City of Oceanside:			
☐ City Employee ☐ Community/Professional Organization:			
□ School Placement/Career Center: □ Other:			
AGREEMENT AND SIGNATURE			
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer or as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.			
In the event that I am accepted as a volunteer or as an intern for the City of Oceanside, I agree to comply with all its policies, rules and regulations. I fully understand and agree to provide my services to the City of Oceanside as a volunteer or as an intern in a volunteer capacity, and that I will receive no compensation or benefits for services provided.			
SUBMITTING AN APPLICATION DOES NOT GUARANTEE PLACEMENT. If accepted, I will undergo a background check which will include fingerprinting/livescan.			
BY SIGNING BELOW, I AGREE THAT I UNDERSTAND AND CONSENT TO THE ABOVE STATEMENT.			
Print Name:			
Signature: Date:			
If volunteer is under 18, signature of the parent/guardian is required (applicants must be 14 years of age to volunteer).			
Parent/Guardian Signature: Date:			