

# Volunteer Application



\_\_\_\_\_ Branch Library

Please fill in the application completely.

\*Legal Name: \_\_\_\_\_

\*Phone: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Email: \_\_\_\_\_

\*Prefer contact by Phone or Email: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/Zip: \_\_\_\_\_

\*ID or Driver's License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Birthdate including year \*required for under 18 only: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_

\*Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a member of a Friends Group?  Yes  No

Branch: \_\_\_\_\_

Are you doing required volunteer service?  Yes  No

If so, complete the next section.

Name of agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Number of hours needed: \_\_\_\_\_ Deadline: \_\_\_\_\_

\*Please list any interests or experience you think may be helpful:

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\*Check areas you may be interested in volunteering at the library:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Adult Services   | <input type="checkbox"/> Book Sorting         | <input type="checkbox"/> Children's Services                | <input type="checkbox"/> Teen Services        |
| <input type="checkbox"/> Mending Books    | <input type="checkbox"/> Shelve/shelf reading | <input type="checkbox"/> Annie Mitchell History Room        | <input type="checkbox"/> Clerical             |
| <input type="checkbox"/> Family Literacy  | <input type="checkbox"/> Literacy Tutor       | <input type="checkbox"/> English as a Second Language Tutor | <input type="checkbox"/> Other please specify |
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Events               | <input type="checkbox"/> Computers                          |   |

Availability:

\*Days:  Tuesday  Wednesday  Thursday  Friday  Saturday

\*Time of Day:  Mornings  Afternoons  Evenings  Specific time:

Scheduling is based on the library needs and volunteer availability.

Do you require accommodations:  No  Yes If yes, please provide the accommodation needed.

\*Have you been convicted of a felony, misdemeanor, or infractions (excluding minor traffic violation)? Required to be considered. Convictions are evaluated for each position and are not necessarily disqualifying.

No  Yes If yes, please list the offense(s) and year(s):

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I attest the statements made in this application are true and complete to the best of my knowledge. I understand that false or misleading information may result in the application not moving forward or once volunteering release.

\*Volunteers Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Volunteers under 18 require\* a parent's or guardian's signature.

Parent or Guardian name: \_\_\_\_\_

\*Contact Number: \_\_\_\_\_

Parent or Guardian signature: \_\_\_\_\_

Email: \_\_\_\_\_

**\*Required**

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## For Library use only. All information is confidential.

Interview:

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Notes:

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Library Assigned: \_\_\_\_\_

Duties:

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Library Staff Supervising Name: \_\_\_\_\_

Library Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification of Identification: \_\_\_\_\_

Background check     Passed     Conviction exception. Please list the reason.     Not accepted

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Volunteer Coordinator Review: \_\_\_\_\_

Administration Approval: \_\_\_\_\_