

Library Volunteer Application

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|---|----------------------------|
| Volunteer Information | |
| Name _____ | |
| Address _____ | City, State, Zip _____ |
| Email _____ | Phone _____ |
| Date of Birth _____ | Driver's License No. _____ |
| Are you willing to submit to a criminal background check? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a short explanation outlining the nature, place, date, and disposition of the conviction. Do not include traffic citations, or convictions sealed or annulled by the court. Convictions will not necessarily disqualify you from volunteering. | |
| Emergency Contact | |
| Name _____ | Phone _____ |
| <u>Why are you interested in volunteering?</u> | |
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| <u>What goals do you wish to achieve, or expectations do you have by volunteering?</u> | |
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| <u>What skills or training do you have which will benefit the Library through your volunteerism?</u> | |
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| <u>What days are you available to volunteer?</u> | |
| <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | |
| I hereby certify I have read and examined this application and know the same to be true and correct; I understand volunteering is a commitment and will notify the Library if I cannot work the assigned time; and I will notify the Library if I no longer wish to volunteer. | |
| Volunteer Signature _____ Date _____ | |
| Parental consent for volunteers ages 14 to 17: I hereby certify I am the parent or guardian of the volunteer; and hereby consent to his or her participation as a Library volunteer. | |
| Parent or Guardian Signature _____ Date _____ | |