



Volunteer Application

Date: _____

General Information

Last Name _____ First Name _____ M.I. _____

Address _____

Home Phone _____ Cell _____ Email _____

Emergency Contact _____ Phone _____

Are you over 18 years of age? YES / NO (circle one) Date of Birth _____

Volunteer Experience & Skills

Did you previously work or volunteer at Pauline Haass Public Library? If yes, what were your duties?

Do you have any special skills or interests that you think would be helpful to the library?

Why do you want to volunteer at Pauline Haass Public Library?

Availability

Please check the times that you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

How much time would you like to contribute per week? _____ Or per month? _____

Are you available year-round? YES / NO (circle one)

Additional comments:

References

Must be over 18 years old and not members of your family.

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____

Volunteer Opportunities

Please check areas of interest. (Opportunities are subject to availability and library need)

Home Delivery

(Deliver library materials to homebound library patrons; pickup/return library materials. **Volunteers must be 18 years or older, hold a valid driver's license, auto insurance, and access to vehicle.**)

Tech Services

(Preparing new materials, withdrawing materials, assisting with projects as needed.)

RFID Project Assistance

(Assist with tagging materials, basics computer skills required ; RFID is radio-frequency identification.)

Special Projects

(Assist library staff with projects as needed.)

Agreement

By signing and submitting this application, I affirm that the above information is true and correct. I authorize the Library to inquire into my listed references as needed to research my qualifications for this volunteer position. I authorize the Library to obtain a criminal background check and the information will be used to determine my eligibility as a volunteer. I further understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand by filling out this application, I am not guaranteed a volunteer position but will be contacted by the library for an interview if there is a need.

Print Name _____

Signature of Applicant _____ Date _____

