



# 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.)

### Special Programs

(Assist with large programs such as Harry Potter Book Night, Summer Reading Kick Off and more!)

### Special Projects

(Assist library staff with projects such as program prep, craft prep, etc.)

### Youth Services - Teen Volunteers

(Summer Reading prize desk, program assistance, year-round special events assistance.)

## 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 (*performed on volunteers ages 18 and older*) 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 \_\_\_\_\_

Parent/Guardian signature required if you are under 18 years of age.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

