

VOLUNTEER APPLICATION

The library will use the personal information you provide solely to assist us in finding the best volunteer placement for you and the library.

Please drop off the application at the Circulation Desk during your next visit to the Library.

You will be contacted shortly after your application is received. Thank you!

Personal Information

Date: _____

Name: _____ *

Street Address: _____ *

City: _____ *

State: _____ *

Zip Code: _____ *

Phone (Daytime): _____ *

Phone (Evening): _____

E-mail Address: _____

Gender: Male Female

Employment Status: Employed Retired Homemaker Student
 Unemployed

Current Employer: _____

Title/Position: _____

Birthdate (optional): _____

Any physical or health restrictions (specify): _____

Please list any relevant volunteer or work experience: _____

Other Information: _____

Education

High School/GED: _____

College/University: _____

Degree/Area of Study: _____

Special Skills/Certificates: _____

Skills

Computers

(check all that apply)

- _____ Word
- _____ Publisher
- _____ Excel
- _____ Access
- _____ Windows
- _____ Internet Explorer

Other computer skills: _____

Foreign Languages spoken _____

Special Skills _____

Details

Are you interested in volunteering in a specific location? (Circle all that apply.)

- _____ Cedar Mill Community Library
- _____ Bethany Branch
- _____ Second Edition Resale Shop

References: * required question

(please list two references, including name and telephone numbers)

1. _____

2. _____

Have you ever been convicted of a crime? Yes No * required question

If yes, please give a short explanation outlining the circumstances of your conviction indicating the date, nature and place of offense and disposition. (Do not include traffic violations or convictions sealed or annulled by the court.) convictions will not necessarily disqualify you from the volunteer position for which you are applying.

Availability _____ Short-term projects
(check all that apply) _____ On call as needed
_____ Ongoing projects (working on a weekly basis)

Number of hours per day: _____
Number of days per week: _____
or per month: _____

If volunteer hours have been assigned by school, the court system, or other program, please indicate:

Name of school/program: _____

Number of hours: _____

Date by which hours must be completed: _____

Time slots you have available:

(Indicate the hours you are available; e.g., 10 am to 2 pm, or am, pm, evenings)

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

How did you learn about the Cedar Mill Community Library Association Volunteer Program? (check all that apply)

- _____ Visiting the library
- _____ The library's website
- _____ Volunteer Brochure
- _____ LIBRARY NEWS (the library's bimonthly newsletter)
- _____ E-News (the library's bimonthly e-mail newsletter)
- _____ Referral from a library volunteer
- _____ Referral from a library employee
- _____ Media (please specify which one):

Other: _____