

VOLUNTEER APPLICATION

Which volunteer position are you applying for? _____

APPLICANT INFORMATION						
Last Name	First Name	M.I.	Date			
Address					Apartment/Unit #	
City	State			ZIP		
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home			Alternate Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home			
Date of Birth			E-mail Address			
Available Start Date			Last Date Available			
Would you be able to commit to six months of regular volunteer service? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain:						
Are you applying for court-ordered community service hours? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Will you need your hours documented for school, work, or any other purpose? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please include a copy of the form.)						
May we perform a criminal background check on you? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you worked at this library before? Yes <input type="checkbox"/> No <input type="checkbox"/>						
EMERGENCY CONTACT						
Name:						
Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work					Relationship	
PREVIOUS EMPLOYMENT AND VOLUNTEER EXPERIENCE (AT THIS LIBRARY OR ELSEWHERE):						
WHY WOULD YOU LIKE TO VOLUNTEER AT WELLS BRANCH COMMUNITY LIBRARY?						
WHAT SKILLS, SPECIAL INTERESTS, AND/OR EXPERIENCE WOULD YOU BRING TO A VOLUNTEER POSITION?						
APPLICANT SIGNATURE						
Signature:					Date:	
Parent/Guardian Signature (if under 18):					Date:	
PLEASE INDICATE YOUR AVAILABILITY – WRITE THE HOURS YOU CAN WORK EACH DAY						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open 10am – 8pm	Open 10am – 8pm	Open 10am – 8pm	Open 10am – 8pm	Open 10am – 6pm	Open 10am – 6pm	Open 1pm – 6pm

For office use only:

Initial Contact:

Interview:

Background check:

Train:

Start:

End:

Able to meet volunteer request

Unable to meet request to volunteer, and reason:

Communications Log

- Phone call
- E-mail
- In Person

Date: ___/___/___

Initials: _____

- Phone call
- E-mail
- In Person

Date: ___/___/___

Initials: _____

- Phone call
- E-mail
- In Person

Date: ___/___/___

Initials: _____

- Phone call
- E-mail
- In Person

Date: ___/___/___

Initials: _____

- Phone call
- E-mail
- In Person

Date: ___/___/___

Initials: _____