

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: Cell Home Alter			Alternate Phone: Cell Home					
Date of Birth:	Date of Birth: E-mail Address:							
Available Start Date:	le Start Date: Last Date Available:							
Would you be able to commit to six months of regular volunteer service? Yes 🗌 No 🗌 If no, explain:								
Are you applying for court-ordered community service hours? Yes No								
May we perform a criminal background check on you? Yes 🗌 No 🗌 Have you worked at this library before? Yes 🗌 No 🗌								
EMERGENCY CONTACT								
Name:								
Phone: Cell I	Home 🗌 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, SPE	ECIAL INTERESTS, A	ND/OR EXPERIENC	E WOULD YOU BRIN	NG 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 – 6p	n Open 1pm – 6pm		

For office use only:							
Initial Contact:	Interview:	Background check:					
Orientation:	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:					
Phone call E-mail In Person							
		Date:// Initials:					