



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"/>						
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?						
DO YOU HAVE ANY ACCOMMODATIONS, LIMITATIONS, OR SPECIAL SKILLS WE SHOULD BE AWARE OF?						
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:
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

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