



APPLICATION FOR VOLUNTEER POSITION

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE HERRICK DISTRICT LIBRARY. UPON COMPLETION OF THIS FORM YOU WILL BE CONTACTED WHEN A VOLUNTEER OPPORTUNITY PRESENTS ITSELF. WE ARE SORRY BUT WE CANNOT ACCEPT INDIVIDUALS WHO ARE REQUIRED BY COURT ORDER TO VOLUNTEER IN THE COMMUNITY.

NAME: _____ DATE: _____

ADDRESS: _____

PHONE (SPECIFY) AND BEST TIMES TO REACH YOU: _____

CONTACT PERSON IN CASE OF EMERGENCY: _____

_____ PHONE NUMBER: _____

EDUCATION LEVEL: _____

LANGUAGES SPOKEN OTHER THAN ENGLISH: _____

VOLUNTEER AND SALARIED CAREER EXPERIENCES: _____

DESCRIBE ANY PHYSICAL LIMITATIONS THAT WOULD RESTRICT YOUR ACTIVITIES: _____

LIST THE DAYS OF THE WEEK AND TIMES OF THE WEEK YOU ARE AVAILABLE TO VOLUNTEER:

LIST THREE REFERENCES (UNRELATED TO YOU) AND THEIR CONTACT INFORMATION:

1. _____

2. _____

3. _____

I authorize the references listed in this Volunteer Application, prior employer, educational institutions, or any other persons or organization to give the Herrick District Library any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damage that may result from furnishings same to you. I hereby waive written notice that employment information is being provided by any person or organization.

I hereby authorize the Library to secure criminal conviction history from the appropriate law enforcement agency, should the Library determine it is necessary to do so.

Signature

Date

For Department Use Only

Department the Volunteer Works In: _____

Start Date: _____

Completion Date: _____

Supervisor's Signature: _____