

FRIENDS OF THE LIBRARY VOLUNTEER APPLICATION

(Please write legibly)

Date _____

Name _____ Phone(h) _____ Phone(c) _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Signature (if under 18) _____

Email _____

In case of emergency notify _____ Relationship _____

Phone (h) _____ Phone (w) _____ Phone (cell) _____

List two adult references, not relatives, who have known you at least 2 years.

Name _____ Relationship _____ Phone _____

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Check the tasks that you would like to do: Sorting, pricing, and arranging books by alphabetical order _____

Cashier and coffee shop assistant _____

Picking up books from donor location (heavy lifting and space in vehicle for large items required) _____

Assisting with food/beverage purchases (heavy lifting and space in vehicle for large items required) _____

Special events (author visits, festivals, etc.) _____

Clerical tasks (preparing mailings, packets) _____

List any physical limitations you have that should be considered when matching you with volunteer tasks:

Please write a brief description as to why you want to volunteer at the library, including any special skills or interests and any previous volunteer experience.

Are you seeking to fulfill volunteer hours as a requirement? If so, explain (school, service club, court-ordered, etc.): _____

Would you be willing to be paired with another volunteer with skills that are on a different level from your own? Yes _____ No, I work best independently _____

Have you ever been convicted of any offense against the law, including minor traffic violations? If yes, please explain the nature of the conviction and the final disposition of the case.

Employment status: ___Full time ___Part Time ___Student ___Retired ___Not Employed

Place of Employment (if applicable): _____

Birthday (MM/DD only): _____

Education (check as applicable): _____ High School - grade completed _____

_____ College - Degree _____

_____ Graduate School - Degree _____

What days and times do you prefer? Indicate in order – 1st, 2nd, 3rd, etc.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings	___	___	___	___	___	___	___
Afternoons	___	___	___	___	___	___	___
Evenings	___	___	___	___	___	___	___

I certify that the information on this application is complete and correct to the best of my knowledge. I herby authorize an investigation of all statements made in this application and I herby release from liability all persons, companies or corporations supplying any information concerning me.

I understand that the City of Greensboro and the Friends of the Library do not provide workman’s compensation, medical coverage or liability insurance. If I am unable to do the tasks without assistance, I understand I may need to provide my own job coach. In consideration of my volunteering, I agree to conform to the rules and regulations of the City of Greensboro and the Friends of the Library.

I understand that volunteers are hired based on the interview, reference checks and the needs at the time for the position(s) I am interested in and the times I am available.

Signature _____

Signature of parent/guardian if applicable _____

For Office Use Only:

Application Received: _____ Applicant Contacted: _____

Date of Interview: _____ Interviewer: _____

Orientation / Training: _____ Start Date: _____

Comments: _____

