

Friends of the Library Volunteer Information Form

Date _____

Personal Information

Name (last, first, middle) _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Date of Birth (year optional if over 18) _____

Volunteers under 18 must have a parent/guardian complete the consent section of this application.

Emergency Contact Information

Full Name _____ Relationship _____

Home Phone _____ Alternate Phone _____

Employment/Student Information

student employed not employed retired

Employer/School _____

Street Address _____

Previous volunteer experience (if applicable) _____

Please list two references who could vouch for your work skills and abilities

1) Name: _____

Address: _____

Relationship to you: _____

2) Name: _____

Address: _____

Relationship to you: _____

Hobbies, interests, skills _____

Are you familiar with: Internet Word Excel

Other Programs? _____

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What language(s) other than English do you speak and/or write with fluency?

Volunteer Positions Available:

- Book Volunteers
- Recycling Volunteers
- Preliminary Sorter
- Book Sale Day Volunteer
- Other _____
- Board Member

I have the following skills:

- library experience
- bookkeeping
- retail display
- computer experience
- book store experience
- Other _____

For what length of time would you like to volunteer for (i.e. weeks, months, semesters)?

How did you hear about volunteering for the FOL?

Medical Information (in case of emergency; this will not impact your ability to volunteer although please let us know if there are any physical conditions that should be taken into consideration)

Medications _____

Conditions _____

Have you ever been convicted of any criminal offense? yes no

If yes, please explain _____

I understand and agree that a background check could be required before placement in any sensitive volunteer position. I certify that the answers contained in this application are true and complete to the best of my knowledge. If my offer is accepted, I will not be entitled to compensation for any services I provide. By signing this, you are also waiving your right to hold the ACPL liable for any injury or loss suffered by you.

Signature _____

(Qualified volunteers will be considered without regard to race, creed, gender, disability, religion, or sexual orientation)

Parent/Guardian Consent (for volunteers under age 18)

I give permission for the above applicant to volunteer with the Friends of the Library for a maximum of _____ hours per week.

Day Phone _____ Evening Phone _____ Cell Phone _____

Parent/Guardian Signature _____ Date _____

Print Name _____