

FARMVILLE PUBLIC LIBRARY

Volunteer Application

▪ PERSONAL INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Applicants must be at least 14 years of age to volunteer. Applicants under 18 years of age must have a parent/ guardian complete the consent section on the reverse side of this application.

Are you over 18 years old? Yes No

In case of emergency, notify _____

Telephone: _____ Relationship: _____

▪ OCCUPATION AND/OR EDUCATION

Circle highest grade completed: 6 7 8 9 10 11 12 College (years or degrees completed)

Current Employer and Position: _____

Are you a student? Yes No If yes, what school do you attend? _____

▪ VOLUNTEER INTERESTS

Why do you want to volunteer?

When do you wish to volunteer?

DAY Monday Tuesday Wednesday Thursday Friday Saturday

TIME

Please check the volunteer tasks that interest you?

Circulation Assistant Periodical Assistant Technology Assistant

Adult Literacy Materials Processing Children's Library Assistant

After-School Homework Helper

▪ **REFERENCE INFORMATION**

Please provide two references (teacher, supervisor, etc.) from individuals not related to you:

Name: _____ Telephone: _____

Relationship: _____ Email: _____

Name: _____ Telephone: _____

Relationship: _____ Email: _____

Have you ever been convicted of a criminal offense other than a traffic offense? Yes No

If yes, please explain.

I authorize Farmville Public Library to make inquiries as to my experience and character, and to certify that all statements made on this application are true. I understand that the Farmville Public Library will not be held responsible for any injuries that I may incur as a result of my volunteer services at the Library.

Your signature indicates that you understand that there is no compensation for volunteer services at the Farmville Public Library.

Signature _____ Date _____

▪ **PARENT/GUARDIAN CONSENT (for volunteers under 18 years of age)**

I give permission for the above applicant to volunteer at the Farmville Public Library for a maximum of _____ hours per week. I may be contacted at _____.

Signature of Parent/Guardian _____ Date _____

FARMVILLE PUBLIC LIBRARY STAFF USE ONLY

Interview Date: _____ Interviewed by: _____

References Checked? Yes No Recommend for Volunteering? Yes No

Requested Start Date: _____

Additional Comments:
