



VOLUNTEER APPLICATION

PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ Zip code _____

Phone _____ Email _____ Date of Birth (MMM) _____

Age (If under age 18, a parent or guardian must sign this application) 14-17 or 18 and over

Emergency Contact Name _____ Phone _____ Relationship _____

COMMUNICATION PREFERENCE

We like to keep volunteers informed of important news, schedules, and volunteer opportunities by email, however if you prefer a phone call and/or texting please let us know.

Email Phone Texting Other: _____

AVAILABILITY

Please tell us how long you would like to commit to a volunteer job. Most volunteers are asked for on-going commitment of 6 months or more.

less than 6 months 6 months 9 months (school year) one year on-going Summer only

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING *(9 am – 11 am)							
AFTERNOON *(12 pm – 3pm)							
EVENING *(3 pm- 6 pm)							
EVENING *(3 pm – 8pm)							

*Times listed are guidance and do not indicate shift times

EMPLOYMENT/SCHOOL

Please explain your employment/school status: Part-time Full-time Retired Other: _____

Name of your Employer/School _____

Are you fulfilling volunteer hours for school? Yes or No

If yes, number of hours required _____ Date by which hours must be completed (MM/DD/YYYY) _____

STAFF USE

Background Check Given (18+) Parent Signature (14 – 17) Date Received: _____ Staff: _____

Contacted: _____ Intake Interview: _____ Orientation: _____

Updated: 2022-10-05

REASON FOR APPLYING

- | | | |
|--|--|---|
| <input type="checkbox"/> Get involved with the community | <input type="checkbox"/> Support the library | <input type="checkbox"/> Community Service/
Assigned by: _____ |
| <input type="checkbox"/> Gain work experience | <input type="checkbox"/> Enjoy volunteering | |
| <input type="checkbox"/> Earn school service hours | <input type="checkbox"/> Community Service/ | |
| <input type="checkbox"/> Other: _____ | | |

TELL US WHICH AREAS YOU ARE INTERESTED IN VOLUNTEERING

Please visit our [website](#) to find out more detail.

www.ci.cornelius.or.us/library/page/volunteering-opportunities

Programs

- Program Aide
- JobSeekers
- Tech Help
- Homework Help
- Outreach Ambassador

Assist

- Social Media Assistant
- Library Essential Workers
- Checking in Material
- Retrieving Material
- Mend or Repair Books

SPECIAL SKILLS OR QUALIFICATIONS

What skills, training, or knowledge do you wish to share with the library? These examples might be from employment or volunteer work, or through other activities, including hobbies or sports.

LANGUAGE SKILLS

Do you speak another language fluently? No Yes Language: _____

HEALTH CONDITIONS

Do you have any health considerations that could affect what you can do as a volunteer that you would like us to know about?

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal

Printed Name

Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature
(required for under 18 years old)

Date

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. We will contact you as soon as we can.