

Grantsville City Library

VOLUNTEER APPLICATION

Applicants must be at least 16 years of age to volunteer.

Applicants under the age of 18 must have parent or guardian permission.

The Library does not accept individuals for court-ordered community service hours.

Student volunteers are those working on National Honor criteria or other school-related volunteer services/activities.

PLEASE PRINT IN INK

■ PERSONAL INFORMATION

Name _____
Last Name First Name

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

E-Mail _____

Date of Birth _____ DL/ID Number _____ State of Issue _____

Emergency Contact _____ Phone _____ Relationship _____

Do you have a Library Card that is in good standing? Yes No Card Number _____

■ EDUCATION AND EMPLOYMENT

Are you a student? Yes No Which school do you attend? _____

Current Employer _____ Position _____

■ VOLUNTEER INTERESTS

Why do you want to volunteer?

Do you have previous volunteer experience? Yes No

If yes, list previous experience and length of volunteer service for each.

Please check the days/times you are available for volunteer assignments.

Tuesday	_____ 10 a.m.-1:00 p.m.	_____ 1:00 p.m.-4:00 p.m.	_____ 4:00 p.m.-7:00 p.m.
Wednesday	_____ 10 a.m.-1:00 p.m.	_____ 1:00 p.m.-4:00 p.m.	_____ 4:00 p.m.-7:00 p.m.
Thursday	_____ 10 a.m.-1:00 p.m.	_____ 1:00 p.m.-4:00 p.m.	_____ 4:00 p.m.-7:00 p.m.
Friday	_____ 10 a.m.-1:00 p.m.	_____ 1:00 p.m.-4:00 p.m.	_____ 4:00 p.m.-6:00 p.m.
Saturday	_____ 10 a.m.-1:00 p.m.	_____ 1:00 p.m.-3:00 p.m.	

Please check the volunteer assignments that interest you.

- | | |
|---|---|
| <input type="checkbox"/> Greet and Welcome Patrons | <input type="checkbox"/> Adult Programs |
| <input type="checkbox"/> Shelving Books & Straightening Shelves | <input type="checkbox"/> Teen Programs |
| <input type="checkbox"/> Circulation Desk Assistant | <input type="checkbox"/> Children's Programs (reading program, crafts, storytime) |
| <input type="checkbox"/> Computer Coach | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Job Coach | <input type="checkbox"/> Homework Mentor |
| <input type="checkbox"/> Raised Gardens or Landscapes | <input type="checkbox"/> Friend of the Library |

■ SKILLS

Please check all of the following with which you have experience/previous training:

- PCs Macs Google Microsoft Word Microsoft Excel
- Other technologies (Please list) _____

What language(s) other than English do you:

Speak? _____

Read? _____ Write? _____

What other skills or special interests do you have that would be helpful in determining the best assignments for your volunteer service at the Grantsville City Library?

■ REFERENCE INFORMATION

Please provide a personal or professional reference.

Check one: Personal Professional (supervisor, teacher, or other)

Name _____ Telephone _____

Have you ever been convicted of a crime that has not been expunged or pardoned, other than a minor traffic violation? Yes No

If yes, please explain

■ CONSENT TO BACKGROUND CHECK, RELEASE, AND AGREEMENT

I authorize the Grantsville City Library and the City of Grantsville to make inquiries as to my employment, education, experience, and character and to confirm that all statements made on this application are true. I authorize the Library and the City to obtain information about my criminal history record, which may include information about arrests, convictions, plea bargains, and deferred adjudications. I acknowledge that the Library and the City may use this and other information to determine my eligibility for volunteer positions with the Library. I understand that as long as I am a volunteer, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and that a procedure is available to me to obtain clarification from the appropriate reporting agency if I dispute the record as received.

I offer to volunteer my services without compensation to the Grantsville City Library and the City of Grantsville. I release the Grantsville City Library and the City of Grantsville, and their officers, directors, agents, employees, patrons and volunteers from any liability for any loss, cost, or damage to me or my property arising out of or in connection with my activities or time spent at the Library or in connection with my volunteer work for the Library. I agree to abide by all directions, procedures, and guidelines applicable to volunteers, to treat the Library's patrons, staff, and volunteers with courtesy and respect, and to be a cooperative and considerate representative of the Grantsville City Library. I accept the Library's right to dismiss me for poor performance of my duties, for poor attendance, or for the lack of need for my services.

Signature _____ Date _____

Signature of parent or guardian (for applicants less than 18 years of age)
_____ Date _____

FOR LIBRARY USE ONLY

Interview Date _____ Interviewed by _____

Recommend for Position? Yes No

Requested Start Date _____

Assignment(s) 1. _____
2. _____

Volunteer to be supervised by:

Signature of Supervisor for Volunteer _____ Date _____