



Adult Volunteer Application (Please print and complete both sides of the form)

DATE \_\_\_\_\_

**PERSONAL INFORMATION**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH (MONTH/DAY) \_\_\_\_\_

WHAT AREA OF THE LIBRARY INTERESTS YOU? \_\_\_\_\_

ARE YOU WILLING TO WORK IN ANY AREA OF THE LIBRARY? \_\_\_\_\_

SPECIAL INTERESTS AND SKILLS (WORD PROCESSING, ARTISTIC ABILITY, EXCEL, ETC...) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK EXPERIENCE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VOLUNTEER EXPERIENCE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER COMMITMENT**

We request that volunteers assisting the library on a regular basis work a minimum of two hours per shift/per week for a minimum of six months. If preferred, volunteers can be on call for periodic special projects. Please indicate your level of interest:

- I prefer an assignment with a regular schedule
- I prefer periodic special assignments

**AVAILABILITY**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**REFERENCES**

Please provide the name, address and phone number of two references who are not related to you.

1. \_\_\_\_\_

2. \_\_\_\_\_

**VOLUNTEER AGREEMENT**

I understand the library depends on its volunteers. I will arrive at the designated day and time and will fulfill my assignment in a responsible manner.

\_\_\_\_\_  
SIGNATURE OF VOLUNTEER APPLICANT

\_\_\_\_\_  
DATE

Thank you for your interest in providing volunteer service at the Warren-Newport Public Library. The mission of Volunteer Services is to support both the staff and patrons of our facility. Upon receipt of your completed application, we will compare your availability and the area of interest with our current opportunities. Please be advised all applicants' references will be checked, and once accepted, all volunteers must agree to a criminal background check. If you have any questions, please contact the Volunteer Coordinator at 847/244-5150, ext. 3059.