



Volunteer Application

The James V. Brown Library values its volunteers. Committed, enthusiastic people help maintain and strengthen the high levels of service our patrons expect and deserve. We select volunteers for specific job placement based on availability of jobs and the volunteers' qualifications and interests. The following information will help us make the best use of your time and talents as a volunteer.

Name: _____ Date: _____

Address: _____

Phone: (Day) _____ (Evening) _____

E-mail Address: _____

Age: Under 13* 13-17* 18-25 26-36 37-54 55-64 65+

***Permission required from parent/ guardian.** Please sign below.

_____ has my permission to volunteer at the James V. Brown Library.

(Signature of parent/guardian)

(Date)

I am available for volunteer service (check all times that apply):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM (9-1)	Closed						Open at 10 a.m.
PM (1-4)	Closed						
PM (4-8)	Closed						Close at 6 p.m.

I would like to be contacted when a volunteer is needed on short notice: yes no

I would like to volunteer:

- Regularly (How many hours per week? _____)
- Periodically (How many hours per month? _____)
- Work on a one-time or short-term project.

I am interested in volunteering in the following areas (check all that apply):

- Bibliotopia Readers Guide
- Cinemasters
- Rover Greeter
-
- Every Child Reader
- Outreach Storyteller
- Preparing bulk mailings
- Shelving maintenance

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- Taking books to homebound patrons (application forwarded to BRAVO) Literacy (application forwarded to Learning Center)

Other _____

There are times when more applications are submitted than we have openings to fill. Check with us periodically to see what opportunities are available.

Do you speak a language other than English?

Yes (Please specify language(s): _____) No

References (non-relatives):

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Employment / Volunteer History:

I understand that, as a volunteer, I will be assigned to perform whatever duties the library considers most necessary and helpful to its operation. I also understand that my work will be reviewed and my services at the library may be concluded at any time. I understand that activities are voluntary and I am participating at my own risk. By signing this application, I agree to follow the policies of the James V. Brown Library. I agree to keep confidential all library user information or library records I encounter.

_____ (Signature) _____ (Date)

**FOR VOLUNTEER OFFICE
USE ONLY**

- | | |
|--|--|
| <input type="checkbox"/> Interview _____ | <input type="checkbox"/> Separation _____ |
| <input type="checkbox"/> Start date _____ | <input type="checkbox"/> Letter sent _____ |
| Supervisor/department _____ | <input type="checkbox"/> Patron status changed _____ |
| <input type="checkbox"/> Patron status changed _____ | |
| <input type="checkbox"/> Handbook reviewed _____ | |
| <input type="checkbox"/> Entered in database _____ | |