

The Art Circle Public Library

<http://www.artcirclelibrary.info>

VOLUNTEER APPLICATION

Art Circle Public Library



Name _____ E-Mail Address _____

Telephone (Day) _____ (Evening) _____ (Cell) _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

In case of emergency, notify (Name): _____

Telephone: _____ Relationship: _____

You must be at least 16 to volunteer. Volunteers under 18 must have a parent/guardian complete the consent section on the reverse side of this application. Age if under 18 _____

• VOLUNTEER INTERESTS

Why do you want to volunteer?

Please indicate the times you might be available to complete a **two to four hour shift**:

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____ Fri: _____ to _____ Sat: _____ to _____

I would be interested in assisting with (check volunteer assignments listed below):

- Circulation Department * (check-in / check-out items)
- Shelving and maintenance of library materials *
- Children's Library activities * (applicants subject to background check)
- Computer Department (assisting patrons with use of Public Computers) *
- Technical Services Department * (preparing new materials for use / repairing damaged materials)
- Teen activities * (applicants subject to background check)
- Welcoming library visitors *
- Other _____

* Training provided.

• OCCUPATION AND/OR EDUCATION

Circle highest grade completed 9 10 11 12 College/Graduate School (degrees completed)_____

Current and /or former Occupation_____

Employer_____

Are you a student? Yes No

Which school do you attend?_____

• SKILLS

Do you know how to use a computer? Yes No

Are you familiar with: Internet Word Microsoft Excel

What language(s) other than English do you speak and/or write with fluency _____

What special interests and/or skills do you have that may help us to match you with the best volunteer assignment?

• REFERENCE INFORMATION:

Please provide a reference. Personal Professional

Name (first and last)_____ Phone_____

Applicant Signature _____ Date _____

PARENT/GUARDIAN CONSENT (for volunteers under age 18)

I give permission for the above applicant to volunteer at the Art Circle Public Library for a maximum of _____ hours per week (three hours minimum). If you need to reach me, my phone number is

Day_____ Evening_____ Cell _____

Parent/Guardian Signature _____ Date _____

Please submit completed form to the library.

FOR ACPL VOLUNTEER SITE SUPERVISOR ONLY

Interview Date _____ Interviewed by _____ Accepted Yes No

Start Date _____ Assignment _____

Comments: _____
