



Name _____ Street _____
Address _____

Apt/Unit # _____ City _____ State _____
ZIP _____

Telephone number _____

Date available to Volunteer _____

Are you interested in one-time/short-term volunteer assignments? (circle one) YES NO

Are you interested in on-going volunteer assignments? (circle one) YES NO

Please list day/time you are available. Volunteers serve 2 hours/wk @ the library.

Any physical limitations we should know about? (circle one) YES NO

I am seeking this volunteer position: (check one) _____ to satisfy
school/class/scholarship community service requirements OR _____ to become a
regular library volunteer.

Are you age 18 or older? (circle one) YES NO If no, please list date of birth

Have you ever been convicted of a crime (other than a minor traffic offense that resulted only in a fine)? (circle one) YES NO If yes, please state the crime(s) you were convicted of and explain the date, location, nature, and facts surrounding each conviction. Use an attachment sheet if necessary.

Skills/Training

Computer _____

Software applications _____

Office equipment _____

Additional information _____



Education, vocational, technical, or military training information that is relevant to volunteering at the library.

Additional Skills

Examples of additional skills are:

diversity training , public speaking experience, completed computer training classes, special training in prior volunteer experience, etc.

References —Please list three people (not relatives) as references for the volunteer position for which you are applying:

1.) Name/Phone Number _____

2.) Name/Phone Number _____

3.) Name/Phone Number _____

Applicant Statement

I certify that all statements made in this application are true, complete and correct.

I authorize the Vaughn Public Library to contact and obtain information from all references provided by me in this application.

I understand Vaughn Public Library does not unlawfully discriminate in volunteer positions and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for volunteering on a basis prohibited by applicable local, state or federal law.

This application does not constitute an agreement or contract for any specified period or definite duration. If I am offered a volunteer position, I understand a background check will be conducted.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



Please list two people to be notified in the event of an emergency.

Your name: _____

Name: _____ Phone: _____

Relationship to you: _____

Name: _____ Phone: _____

Relationship to you: _____

Physician's name: _____ Phone: _____

Hospital name: _____ Phone: _____

Background Check Information

I authorize the Vaughn Public Library to conduct a background check before accepting me as a volunteer at the library.
PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____

MI: _____

Other Names you are known by _____

Date of Birth: ____/____/____