



**Siuslaw Public Library District
Volunteer Application**

First & Last Name: _____

Home Address (street, city, zip code): _____

Mailing Address (if different): _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Why do you want to volunteer at the library? _____

What volunteer experience do you have? (include places/duties) _____

What special skills, training, experience, or interests do you have that may contribute to volunteer efforts (foreign languages, musical/artistic skills, etc.)? _____

What is your availability?

Day	Morning	Afternoon	Evening
Sunday	n/a		n/a
Monday			n/a
Tuesday			
Wednesday			
Thursday			n/a
Friday			n/a
Saturday			n/a

What are you interested in doing? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Children's programs | <input type="checkbox"/> Cleaning/organization |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Clerical assistance |
| <input type="checkbox"/> Shelving | <input type="checkbox"/> Genealogy |
| <input type="checkbox"/> Shelf reading | <input type="checkbox"/> Special projects |
| <input type="checkbox"/> Materials processing/repair | <input type="checkbox"/> Other: _____ |

References

Please list two non-relatives we may contact as personal references for you.

1. Name: _____

Relationship: _____ Phone: _____

2. Name: _____

Relationship: _____ Phone: _____

Employment

Currently employed Currently not employed Retired Student

Current employer: _____ Occupation: _____

Volunteer Service Credit

Are you a student? Yes No If yes, what grade are you in? _____

What school do you attend? _____

Will you receive school credit for volunteering? Yes No

Is this for required community service? Yes No

If yes, why? _____

Will you need written verification for community service? Yes No

If yes, by what date? _____

Parent/Guardian Permission

Volunteers under age 18 must have a parent or legal guardian complete this section:

_____ (*volunteer name*) has my permission to volunteer at the Siuslaw Public Library. I agree that he/she will abide by the library volunteer code of ethics and behavior.

Parent/Guardian Signature: _____ Date: _____

Name (printed): _____

Phone number: _____ Email: _____

Relationship to volunteer: _____ Age of volunteer: _____

Please Sign and Date

I have read and agree to abide by the Siuslaw Public Library Volunteer Code of Ethics and Behavior.

Signature

Date