



## VOLUNTEER APPLICATION

Thank you for your interest in joining our team of amazing volunteers!

Applicants for Adult Services must be at least 15 years of age. Applicants for Youth Services must be 17 years of age or younger. Please fill out both sides of the form and return to a staff member.

Today's Date: \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # (Home): \_\_\_\_\_ Phone # (Work): \_\_\_\_\_ Phone # (Cell): \_\_\_\_\_

I prefer to be contacted at:  Home  Work  Cell Email: \_\_\_\_\_

Birthday: \_\_\_\_\_ When can you start volunteering?: \_\_\_\_\_

Days you are available:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  All

Times you are available:  Mornings  Afternoons  Evenings  All How many hours per week? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

Current employment status:  Employed  Unemployed  Seeking Employment  Student  Retired

If Student: School: \_\_\_\_\_ Year: \_\_\_\_\_

Do you have previous volunteer experience?  Yes  No Explain: \_\_\_\_\_

Briefly describe your work experience: \_\_\_\_\_

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

Emergency Contact? Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

What areas of the library interest you? Rate your interests from 1 to 5 – # 1 being the highest.

\_\_\_ Audio / Video Shelver [You enjoy shelving a variety of materials.]

\_\_\_ Computer Tutor [You enjoy teaching computer skills to novices on a one-to-one basis.]

\_\_\_ Fiction / Non-Fiction Shelver [You enjoy shelving & straightening, and have the ability to read & organize by alphabet & numbers.]

\_\_\_ Manpower / Labor [You enjoy lifting and moving objects including boxes, chairs and tables, and are physically fit.]

\_\_\_ Youth Services [You enjoy craft projects, shelving children's books, and helping with special projects]

"I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at any time. If I am offered a placement, I agree to adhere to the policies and regulations of the Carson City Library, and I agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by the Carson City Library. I release and hold harmless the library and its employees from any claims or liability arising from or related to my position as a volunteer."

Once received, your application will be reviewed and acknowledged. Based on your interests and the volunteer opportunities available, a placement interview may be arranged. There may be instances when we are unable to place an applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 18 yrs): \_\_\_\_\_ Name: \_\_\_\_\_

Questions: For Adult Services please contact Andrea Moore 887-2244 ext 1019 or awmoore@clan.lib.nv.us. For Youth Services please contact Heather Butler 8878-2244 ext 1012 or hrbutler@clan.lib.nv.us

