

VOLUNTEER APPLICATION

CONTACT INFORMATION	NAME		
	MAILING ADDRESS		
	CITY/STATE/ZIP		PHONE
	PHONE 2	EMAIL	
	EMERGENCY CONTACT NAME/PHONE		

Volunteer Interests — Please circle all that apply:

Shelf Reading Shelving Materials Shifting Materials Genealogy & Local History Other

What days are you available to volunteer? Please circle all that apply:

Monday Tuesday Wednesday Thursday Friday Saturday

What time of day do you prefer? Please circle all that apply:

Morning Afternoon

Number of hours per week you are available to volunteer: _____

WORK EXPERIENCE

Please list your work experience here. Please list two of your most current employers, or your most current employer and one past job that relates to library work.

Employer	Occupation	Position/Title
Employer Address		City/State
		Phone

Employer	Occupation	Position/Title
Employer Address		City/State
		Phone

Have you volunteered at Hayner Library in the past? _____

If yes, please list the dates : _____

SKILLS

Please circle any of the following skills you possess:

Internet Navigation PowerPoint Access Excel Word Publisher Data Entry Other:

REFERENCES

NAME	RELATIONSHIP
PHONE	EMAIL

NAME	RELATIONSHIP
PHONE	EMAIL

AUTHORIZATION FOR BACKGROUND CHECK

Please note: The information in the "Authorization for Background Check" will only be required when necessary upon a volunteer position becoming available.

DRIVER'S LICENSE/STATE ID NUMBER		
EXPIRATION DATE	STATE ISSUED	SSN

I, _____, hereby authorize The Hayner Public Library District to investigate my background and qualifications for purposes of evaluating whether I am qualified for the duties for which I am volunteering. I understand that The Hayner Public Library District will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for volunteering will not be processed further.

Signature of Applicant

Date

Printed Name

Date

Please Note:

All applications are reviewed and interviews scheduled when appropriate. Appointments are determined by volunteer interests and the needs of The Hayner Public Library District. Upon assignment, you will receive applicable training.

VOLUNTEERS 18 YEARS OF AGE AND OLDER

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program. I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the library as soon as possible. I will also notify the library if I decide to stop volunteering.

Volunteer Signature: _____

Date: _____