

Volunteer Application

Victoria Public Library

Personal Information

Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

You must be at least 12 years of age to volunteer. Volunteers under age 18 years of age must have a parent/guardian complete the consent section of this application.

Are you 18 years old or older? _____ Yes _____ No

In case of emergency, notify _____

Phone _____ Relationship _____

Occupation and or Education

Circle highest grade completed 6 7 8 9 10 11 12 College (years or degrees completed) _____

Are you a student? _____ Yes _____ No

Volunteer Interests

Why do you want to volunteer? _____

For each day indicate times you are available to complete a 2 or 3 hour shift:

Mon: ____ to ____ Tues: ____ to ____ Wed: ____ to ____ Thu: ____ to ____

Fri: ____ to ____ Sat: ____ to ____

Skills

Please check all that you are familiar with:

____ PC's ____ Microsoft Word ____ Microsoft Excel

Other _____

What languages other than English do you Speak? _____

Read? _____ Write? _____

What special interest and/or skills do you have that may help us to match you with a volunteer assignment? _____

Reference Information

Please provide a personal or professional reference. Check one: Personal
 Professional (teacher or supervisor)

Name _____ Phone _____

Have you ever been convicted of or pled guilty to or pled no contest to or received deferred adjudication or received any kind of suspended sentences for or paid any fee or fine for any crime, including any felonies or misdemeanors?

Yes No

If yes, please explain _____

I authorize Victoria Public Library to make inquiries as to my experience and character, and to certify that all statements made on this application are true.

Your signature indicates that you understand that there is no compensation for volunteer services at Victoria Public Library.

Signature _____ Date _____

Parent / Guardian Consent (for volunteers under age 18)

I give permission for the above applicant to volunteer at Victoria Public Library for a maximum of _____ hours per week. If you need to reach me, my telephone number is _____

Signature of Parent or Guardian