



---

## Volunteer Application

### Personal Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Cherry Valley Public Library Card Number: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Skills & Interests

What is your highest level of education completed? \_\_\_\_\_

Please list any hobbies, interests and skills that you would like to use in your volunteer work. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you speak any foreign languages? Please list here. \_\_\_\_\_

### Additional Information

Why do you want to volunteer at the library? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many hours per week do you anticipate volunteering? \_\_\_\_\_

Would you be interested in a short-term volunteer project? \_\_\_\_\_

Will you require any special accommodations as a volunteer? Please explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime (misdemeanor or felony)? Please explain. \_\_\_\_\_

### Availability

Please check the days and hours that you are able to volunteer.

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Monday    | Time: _____  |
| <input type="checkbox"/> Tuesday   | Time: _____  |
| <input type="checkbox"/> Wednesday | Time: _____  |
| <input type="checkbox"/> Thursday  | Time: _____  |
| <input type="checkbox"/> Friday    | Time: _____  |
| <input type="checkbox"/> Saturday  | Time: _____  |
| <input type="checkbox"/> Sunday    | Time: _____  |
| <input type="checkbox"/> ON CALL   | Library will call for occasional volunteer tasks, or you may call the library. |

### Volunteer Agreement

I certify that the above information is correct and complete to the best of my knowledge, without consequential omission of any kind. I acknowledge that by completing this application, CVPLD is not obligated to offer me a volunteer position. If offered a volunteer position, I agree to volunteer on a schedule (due to working space limitations) and record the date and time spent working. I agree not to divulge to unauthorized persons any confidential information obtained from observation, conversation, correspondence, personal records or any other source. This includes information about both the staff and people served by the library. I will not publish, orally disclose or otherwise make public any confidential information, except as I am legally required. I agree to conduct myself with professionalism at all times during my volunteer hours.

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

- Please check here if a letter of volunteer service/number of hours is needed for school/church/or scouting purposes.

### Volunteer Permission *Please ask your parent to complete this section if you are under 18 years of age.*

I grant permission to my son/daughter \_\_\_\_\_ to serve as a volunteer at CVPLD.

Name of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

---

### *For Office Use*

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Interview date: _____     | Program placement: _____ |
| <input type="checkbox"/> Volunteer/CVPLD agreement | Supervisor: _____        |
| <input type="checkbox"/> Orientation               | Schedule: _____          |