

Havana Public Library District Volunteer Application

Name:

Date:

Address:

Home Phone #:

City:

State:

Zip:

Cell Phone #:

Email:

Are you over age 16? yes no

Preferred Contact: Home Phone Cell Phone Email

Emergency Contact:

Home Phone #:

Cell Phone #:

Relationship:

Volunteer Availability:

Mon: morning afternoon

Tue: morning afternoon evening

Wed: morning afternoon

Thurs: morning afternoon evening

Fri: morning afternoon

Sat: morning afternoon

What time commitment are you looking to make to your volunteer position?

less than a month 1-3 months 4-6 months 7-12 months more than a year

How much time would you like to spend volunteering?

special events only daily (hrs/day) weekly (hrs/week) monthly (hrs/month)

What types of activities would you be interested in?

organizing materials and straightening shelves

gardening/landscaping

mending and cleaning materials

light clerical work (e.g., filing)

work that involves computers and/or the internet

other:

Are you responding to a posting for a specific volunteer position? yes no

If so, what position:

Interests/Skills:

Education and Work Experience:

Current Employer and Position:

Position Responsibilities:

Previous Volunteer Experiences:

Reasons for Volunteering: Personal Satisfaction Career Exploration Service Hours Court Order

Are you fulfilling hours for a class or other agency? Yes No

Class or Agency:
Number of Hours Needed:
When must hours be completed?

References: (Please choose people who are not relatives. We would prefer references that you have worked with in a professional setting.)

Name:
Title:
Organization:
Phone #:
Email:
Relationship (e.g. "boss"):

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Title:
Organization:
Phone #:
Email:
Relationship (e.g. "boss"):

Have you ever been dismissed or asked to resign from any position for reasons other than disability?
 yes no

If yes, please explain:

Have you ever been convicted of a crime? yes no

If yes, please explain:

Conviction will not necessarily be a bar to volunteering. Every instance and explanation will be considered individually.

A background check may be required for library volunteers. Are you willing to submit to one? yes no

Please initial the following:

I hereby certify that the information provided above is true and complete to the best of my knowledge.

I understand that I will not be paid as a volunteer.

I understand that I will serve as needed by the Havana Public Library District and my assignment may end at any time, with or without cause.

I understand that my application may not be selected for volunteer service.

Please read the following carefully and initial:

I understand that it is the policy of the Havana Public Library District to protect the privacy of those who use the library. I agree to hold all information about patrons in complete confidence and to access this information only in the course of performing my volunteer assignments. In addition, I understand that a breach of confidentiality is grounds for dismissal from the library's Volunteer Program.

Signature of Applicant:

Date:

Signature of Parent or Legal Guardian (if applicant is under 16):