

Black Creek Village Library Volunteer Application

Personal Information

Name _____

Address _____ Phone _____

City _____ State _____ Zip code _____

Date of birth _____ Email address _____

Driver's License Number (this information will only be used to conduct your background check) _____

If applicable, please list your addresses for the last five years:

Address _____

City _____ State _____ Zip code _____

Address _____

City _____ State _____ Zip code _____

Address _____

City _____ State _____ Zip code _____

Please list any previous names you may have used

Interests & Skills

I am interested in the following volunteer opportunities at the Black Creek Village Library

(check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Shelving/ Adopt-a-shelf | <input type="checkbox"/> Special clerical projects |
| <input type="checkbox"/> Straightening/ Cleaning up shelves | <input type="checkbox"/> Summer Library Programs |
| <input type="checkbox"/> Environment enhancement | <input type="checkbox"/> Delivery of materials to the homebound |
| <input type="checkbox"/> Teen Advisory Board | <input type="checkbox"/> Assistance with programs |
| <input type="checkbox"/> Gardening (watering and pruning plants) | <input type="checkbox"/> Media Repair (CD, DVD) |
| <input type="checkbox"/> Used book sale /Brat Fry | <input type="checkbox"/> Data Entry |

Your Skills

(check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Computers/Software | <input type="checkbox"/> Copy Machines |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Research |

Other Skills: _____

Additional Questions

Please list the name(s) of your current employer(s): _____
(If not currently employed write N/A)

Have you volunteered before? _____ Yes _____ No

If yes, for which organization(s)? _____

Is this a service project for a school or youth group? _____ Yes _____ No

If yes, which organization are you working with? _____

If yes, how many hours do you need to complete? _____ By what date? _____

Is this court ordered community service? _____ Yes _____ No

If yes, how many hours do you need to complete? _____ By what date? _____

Case Manager's Name _____ Phone number _____

Email address _____

References: Please list references, personal references not related to you (employer, teacher, or other volunteer experience) that you give us permission to contact:

Name _____ Relationship _____

Email address _____ Phone number _____

Name _____ Relationship _____

Email address _____ Phone number _____

I certify that all information I have provided is correct. I understand that falsification of information, or omissions from this application may result in disqualification or removal from a volunteer position. I understand that the information provided will be used to conduct a criminal background check.

Signature _____ Date _____

Availability:

I am available the following days/times (please write times in each applicable box):

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

I would like to volunteer approximately _____ hours per week.

Emergency Contacts

Name _____ Relationship _____

Phone number: _____

Background check: Background information and waiver must be completed for all volunteers

Please list any you think we should know about and may come across when performing your background check:

OFFICE USE ONLY

Background check run: _____ Date: _____ By: _____

Black Creek Village Library Volunteer Waiver

I, _____ (name) request to participate as a volunteer for the Black Creek Village Library.

I currently have no known physical condition that would impair my ability to engage in physical activities appropriate for volunteering. I recognize that there is an element of risk of physical injury to me if I participate in this activity and I agree that I am participating at my own risk and voluntarily accept all risk.

I agree to participate as a volunteer according to the rules and instructions of the Black Creek Village Library and wear appropriate attire.

I further understand I will not be paid for my services as a volunteer. I also understand that the Black Creek Village Library is a smoke-free, drug-free and alcohol-free environment and I will not participate if under the influence of alcohol or illegal drugs.

I am aware that a simple background check/history will be run from the information I have provided on the front of this form.

I understand that all library users have a legal right to privacy. Any and all information pertaining to anyone's use of the Black Creek Village Library will be held as strictly confidential.

I HAVE READ THIS DOCUMENT IN ITS ENTIRETY AND UNDERSTAND THE CONTENT.

Signature _____ Date _____

If under 18:

Parent/Guardian's Signature _____ Date _____