

Volunteer Application

March 2017

Please neatly complete the application and return it to the library branch nearest you.

NAME:			DATE:		
ADDRESS:					
CITY: STA	TE: ZIP:	PHON	E:		
E-MAIL ADDRESS:					
WORK OR VOLUNTEER EXPERIENCE:					
YOUR SPECIAL INTEREST OR SKILLS:					
WHAT IS YOUR REASON FOR VOLUNTEE for fun/work experience	RING?				
to earn service hours for school (hours neede	ed, by		_)	
to earn service hours for a special pr	oject (Explain:)
other (Explain:)
SCHEDULE: (NOTE: Shifts will be determined by the value and staff to supervise. Shift lengths are s					•
Check all that apply.		Day of the Week	Morning	Afternoon	Evening
I'd like to work special events		Sunday			
I'd like to work regular weekly shifts		Monday			
Other:		Tuesday			
*If you'd like to volunteer on a weekly be		Wednesday			
with another type of regular schedule, pl indicate your availability in the chart to t		Thursday			
indicate your availability in the chart to t	ne rignt.	Friday			
NAME OF SCHOOL:		Saturday			
			2)		
LAST GRADE COMPLETED:					
MY CHILD HAS PERMISSION TO VOLUNT	EER AT THE LIBRA	ARY (if under age 18	s):		
Parent/Guardian Name		Parent/Guard	dian Signatu	ure	
Emergency Phone Number					
Volunteer Signature					
BOONE COUNTY PUBLIC LIBR	ARY (8	359) 342-BOOK	(2665)	WW	W.BCPL.



Volunteer Agreement

As a volunteer, I agree to the following:

- A volunteer chooses to perform services for BCPL without compensation or expectation of compensation.
- A volunteer must be officially accepted into the program prior to performance of the task.
- A volunteer completes tasks as agreed upon.
- Volunteers adhere to an agreed upon schedule.
- Volunteers will record all hours worked.
- Volunteers wear a Volunteer name tag and dress appropriately for their assignment.
- Volunteers will treat both customers and staff with courtesy and will treat others in a way that they would like to be treated.
- In case of an emergency, volunteers will follow the directions of library staff to either exit the building or to shelter in place.
- Volunteers will adhere to policies within the Volunteer Program Guidelines.

Name:			
Phone:	Email:		
Opportunity 1st Choice:	2nd Choice:		
Would you be interested in participa	ting in social events for volunteers?	Yes	No (Please select one)
Signature:	Date:		

Thank you for volunteering at the Boone County Public Library!