



Volunteer Application

Contact Information

Applicant name: _____

Address: _____

City/Town _____ State _____ Zip code _____

Primary phone: () ____ - _____ Other phone: () ____ - _____

Email address: _____

Best method and time to reach you: _____

Emergency contact - Name: _____

Relationship: _____

Primary phone: () ____ - _____ Other phone: () ____ - _____

You must be 16 years and older to be eligible to volunteer.

Are you 16 or older? Yes No

Please indicate the days and times that you are usually available. (You will generally be scheduled for no more 2 hours on any given day).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Please indicate at which library branch you are able to volunteer:

____ New Kent

____ Charles City

____ Either

Applicant Information

1. Please tell us about your work experience, including paid and volunteer positions. *If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer). If you need additional space, please attach another sheet of paper.*

A. Company: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

B. Company: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

C. Company: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

2. Please describe any skills or experience that would enable you to perform the duties of a volunteer.

3. Do you have any medical conditions that may affect your ability to function as a volunteer, or do you require any special accommodations?

_____ Yes _____ No

If yes, please describe:

References

Please provide three references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

A. Name (first, last): _____

Phone number: () _____ - _____ How long known? _____

Relationship: _____

B. Name (first, last): _____

Phone number: () _____ - _____ How long known? _____

Relationship: _____

C. Name (first, last): _____

Phone number: () _____ - _____ How long known? _____

Relationship: _____

Volunteer Duties:

Listed below are some common tasks performed by volunteers. Please indicate if you are NOT willing or able to perform any of these tasks.

- ___ Shelving books and other materials
- ___ “Reading” shelves to ensure materials are in their correct spot.
- ___ Making copies.
- ___ Using a paper cutter.
- ___ Restocking books for sale.
- ___ Research assistance.
- ___ Data entry.

Note: To ensure the safety of our patrons, staff, and the communities we serve, applicants are asked to consent to a background check. By signing below, you are authorizing Heritage Public Library to conduct a background and reference check.

Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize Heritage Public Library to contact the references I provided with regard to my application to become a volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it. I agree to be subject to any and all appropriate background checks.

Signature: _____ Date: _____