



# Volunteer Application

Date \_\_\_\_\_

## Personal Information

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

## Availability

	Mornings 9AM-1:00PM	Afternoons 1:00-5:00 PM	Evenings 5:00-9:00 PM
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Which length shifts would you prefer?  1 hour  2 hours  3 hours  
 How many hours each week would you prefer to volunteer?

1-3  4-6  7-9  10-12  12 or more

How long do you plan to serve as a volunteer for the Library?

A few weeks  A few months  \_\_\_\_\_ hours  Not sure/indefinite

## Experience

Current Employer \_\_\_\_\_  Retired  Not currently employed  
 Position \_\_\_\_\_ Hire date \_\_\_\_\_

Have you every completed volunteer work?  Yes  No

Organization \_\_\_\_\_  
 Duties \_\_\_\_\_ Dates of service \_\_\_\_\_

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## Education

Circle highest grade completed: 6 7 8 9 10 11 12

College (years or degrees completed) \_\_\_\_\_

Are you currently a student?  Yes  No If yes, what is your grade point average?

\_\_\_\_\_ Which school do you attend? \_\_\_\_\_

## Confidentiality Agreement

I understand that it is the policy of the North Kansas City Public Library 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 Services Program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian Consent

Are you 18 years or older?  Yes  No

You must be *over* 12 years of age to volunteer. Volunteers under 18 years of age must have a parent/guardian complete the consent section on this application below.

I give permission for the above applicant to volunteer at North Kansas City Public Library for a maximum of \_\_\_\_\_ hours per week. If you need to reach me, my telephone number is \_\_\_\_\_.

\_\_\_\_\_  
Parent or Guardian (Print name)

\_\_\_\_\_  
Signature of Parent or Guardian

## Reference Information

Please provide the names and contact information of two references:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Personal Reference  Professional Reference

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Personal Reference  Professional Reference

I authorize the North Kansas City Public Library to make inquiries as to my experience and character, and to certify that all statements made on this application are true.

Your signature indicates that you understand that there is no compensation for volunteer services at the North Kansas City Public Library.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Should you be matched with a volunteer opportunity, you will be asked to submit your driver's license number and birth date in order that we may complete a background check.

