| FOR STAFF USE ONLY | | | | |
|-------------------------------|--------------------------|--|--|--|
| Date Application Received: | References Checked By: | | | |
| Received By (staff initials): | Date References Checked: | | | |

VOLUNTEER APPLICATION

<u>INSTRUCTIONS</u>: Please type or print clearly in ink. Complete all spaces, sign and date. Volunteers under 18 need to have the attached permission slip signed by a parent or guardian.

PERSONAL DATA

Phone:

Name:

| | | | | | | | · | | |
|--|-------|-------------------------------------|--------|-------------|------------|----------------|-------|---|---------|
| E-mail Address: | | | | | | | • | | |
| Mailing Address: | | | | | | | | | |
| City: | • | | | State: | | Zip C | ode: | | |
| Are you 18 or over | er? | | If und | er 18, plea | se list bi | rth date | э: | | |
| EDUCATIONAL BACKGROUND | | | | | | | | | |
| Laval | Years | ears Completed School Name/Location | | | | Field of Gradu | | | |
| Level High School | Oom | pieteu | SCHOOL | name/Loca | alion | | Study | / | /Degree |
| College | | | | | | | | | |
| Business/Tech | | | | | | | | | |
| Other | | | | | | | | | |
| Please list how many hours you want to volunteer, giving the hours and days available: | | | | | | | | | |
| | | | | | | | | | |
| Have you volunteered for us before? If so, when? | | | | | | | | | |
| When would you be able to start? | | | | | | | | | |
| In what areas are you interested in volunteering? | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | _ | | | |
| Please complete the other side | | | | | | | | | |

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| Please list rele | Please list relevant skills or work experience: | | | | |
|--------------------------------|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| Please list the | ree (3) people not related to you that we may contact for reference: | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Phone: | | | | | |
| Relationship: | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Phone: | | | | | |
| Relationship: | | | | | |
| riolationomp. | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Phone: | | | | | |
| Relationship: | | | | | |
| | | | | | |
| are positions or records laws, | this application by the Palmer Public Library does not indicate that there open and does not obligate the library. To the extent consistent with public the information contained herein will be considered confidential. This with all attached papers, photos, etc., is the property of the library when | | | | |
| X Signature | Date | | | | |

UNDER 18 PARENTS PERMISSION FORM

| Date: | | |
|--------------------------------------|------------------|--|
| | | |
| I give permission for my son/da | aughter | |
| to volunteer at the Palmer Pub | olic Library. Th | nis may occur after school or at a |
| weekend event or in the summe | er. I understan | nd that this is a flexible schedule. I |
| will be sure to provide my child was | with transporta | tion in a timely manner. |
| | | |
| If necessary, I may be reached a | at the following | phone numbers: |
| | Home | Work |
| | | |
| | | |
| | Cell | Other |
| | | |
| Parent/Legal Guardian | | |
| | | |
| | | |
| Signature | | |

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