

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

VOLUNTEER APPLICATION

INSTRUCTIONS: 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

Name:		Phone:	
E-mail Address:			
Mailing Address:			
City:		State:	
		Zip Code:	
Are you 18 or over?		If under 18, please fill out parent consent form.	

EDUCATIONAL BACKGROUND

Level	Years Completed	School Name/Location	Field of Study	Graduate /Degree
High School				
College				
Business/Tech				
Other				

Please list how many hours you want to volunteer, giving the hours and days available:

How long do you see yourself volunteering for the Palmer Public Library? _____

Spring , Summer , Fall , Winter

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

Please list relevant skills or work experience: _____

Please list three (3) people not related to you that we may contact for reference:

Name:

Address:

Phone:

Relationship:

Name:

Address:

Phone:

Relationship:

Name:

Address:

Phone:

Relationship:

Acceptance of this application by the Palmer Public Library does not indicate that there are positions open and does not obligate the library. To the extent consistent with public records laws, the information contained herein will be considered confidential. This form, together with all attached papers, photos, etc., is the property of the library when completed.

X

Signature

Date

UNDER 18 PARENTS PERMISSION FORM

Date: _____

I give permission for my son/daughter _____
to volunteer at the Palmer Public Library. This may occur after school or at a
weekend event or in the summer. I understand that this is a flexible schedule. I
will be sure to provide my child with transportation in a timely manner.

If necessary, I may be reached at the following phone numbers:

_____ Home _____ Work

_____ Cell _____ Other

Parent/Legal Guardian

Signature