



Volunteer Application Form
Please print clearly

Date: _____

VOLUNTEER INFORMATION

Name: (Last) _____ (First) _____

Full Address: _____

Daytime Telephone Number: _____ Email Address: _____

Best Time to Call: Morning: ___ Afternoon: ___ Evening: ___ Anytime: ___

Emergency Contact: _____

Relationship: _____ Telephone Number: _____

Are you under 18 years of age? Yes: _____ No: _____

PREVIOUS VOLUNTEER EXPERIENCE

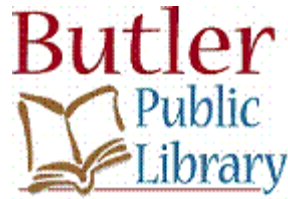
Duties	Dates: From – To	Organization

AVAILABILITY

	MON	TUES	WED	THURS	FRI	SAT (except during summer)
10AM-12PM						
12PM-2PM						
2PM-4PM						
4PM-8PM						
6PM-8PM						
Other						

FREQUENCY OF VOLUNTEERING

_____ times per week _____ times per month
 _____ other (please specify):



AREAS OF INTEREST

Check all that apply:

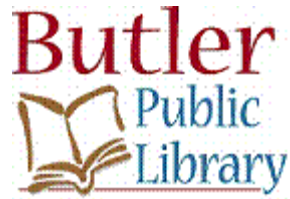
- | | |
|---|------------------------|
| Book Reviewer: _____ | Gardening: _____ |
| Book Discussion Leader: _____ | Program Leader: _____ |
| Teen Advisory Board (Teens Only): _____ | Clerical/Filing: _____ |
| English Conversation Group Leader: _____ | Shelving: _____ |
| Homework Helper (Teens Only): _____ | Computers: _____ |
| Reading Buddies (Teens Only): _____ | Adopt a Shelf: _____ |
| Preparing Crafts for Programs: _____ | Adult Literacy: _____ |
| Creating Videos: _____ | Adult ESL Tutor: _____ |
| Interlibrary Loan: _____ | Library Friends: _____ |
| Fundraising: _____ | Book Sale: _____ |
| Summer Reading Program (Teens or Preteens Only): _____ | |
| Children's Program Leader (Teens or Preteens Only): _____ | |
| Other (please specify): _____ | |

I certify that all answers given by me are true, accurate, and complete. I understand the falsification, misrepresentation or omission of fact on this application will be cause for denial of volunteer employment or immediate termination of volunteer employment. I authorize the investigation of all statements and information contained on this application and the execution of a background check. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I acknowledge I have read and understand the above statement and hereby grant permission to confirm the information on this application.

Signature: _____ Date: _____

Thank you for offering to volunteer at the Butler Public Library. You will receive a response to your application approximately two weeks after submitting it.

Approved by the Board of Trustees, November 7, 2013



TEEN/PRETEEN VOLUNTEER PERMIT

To be signed by parent/guardian if applicant is under 18 years of age. Applicant must be at least 12 to volunteer.

_____ (Applicant's Name) has my permission to work as a volunteer at the Butler Public Library.

Applicant's Date of Birth: _____ Today's Date: _____

Signature of parent/guardian: _____

Relationship to Student: _____

Telephone Number: _____