

# HIGHLAND PUBLIC LIBRARY VOLUNTEER APPLICATION

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

What days and times are you available to volunteer? AM PM

Mon Tues Wed Thurs Fri Sat Sun

Prior work or volunteer experience? \_\_\_\_\_

Skills or interests? \_\_\_\_\_

*(E.g., sorting and shelving, alphabetizing, art, graphics, type of books, computer programming, window displays)*

Limitations? (if any) \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Have you ever been convicted of an offense in an adult court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Motivation for volunteering?

\_\_\_\_\_personal satisfaction and fun \_\_\_\_\_skill development \_\_\_\_\_required by Court

\_\_\_\_\_required by school \_\_\_\_\_student service learning credit

Please provide two references:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone (H) \_\_\_\_\_ (O) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone (H) \_\_\_\_\_ (O) \_\_\_\_\_

## VOLUNTEER APPLICANT'S STATEMENT OF UNDERSTANDING

All the information provided on this application is true and complete to the best of my knowledge. I acknowledge the volunteer work I agree to perform may involve risk of personal injury or death; however, I agree to perform the duties assigned to me, and I accept responsibility for my personal safety.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_