

Clinton Public Library Volunteer Application

Contact Information

Name: _____ Date of Birth: _____
Address: _____ City and State: _____
Phone: _____ School: _____
E-Mail Address: _____ State ID/Driver's Licence: _____

Availability

Please select your availability below:

Weekday mornings: 9am-12pm

Weekday evenings: 3pm-6pm

Weekday afternoons: 1pm-4pm

Saturday 10am-2pm

Preferred Day(s)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Special Skills and Qualifications

Summarize skills you have acquired from employment, previous volunteer work, or through other activities including hobbies and sports.

Please select tasks that you are interested in:

- | | | |
|--|--|---|
| <input type="radio"/> Shelving and Shelf-Reading | <input type="radio"/> Friends of the Library Bookstore | <input type="radio"/> Teen Volunteer |
| <input type="radio"/> Home Bound Delivery Driver | <input type="radio"/> Fundraising | <input type="radio"/> Children's Programing |
| <input type="radio"/> Outreach programs | <input type="radio"/> Special Events | <input type="radio"/> Seed Lending Library |
| <input type="radio"/> Summer Reading Program | <input type="radio"/> Gardening/Beautification | |

Previous Volunteer Experience

Person to notify in case of emergency

Name:	Relationship:
Phone:	Secondary Phone:
Name:	Relationship:
Phone:	Secondary Phone:

Disclaimer of Equal Opportunity

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, sexual orientation, age, disability, marital status, physical appearance, socioeconomic level, education level or any other legally protected characteristic. The Clinton Public Library responds to the community by providing free and equal access to books and other materials, information, services and programs for area residents.

Agreement and Signature

By submitting this application and signing my name under Agreement and Signature, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that by signing this volunteer agreement I am agreeing to the Clinton Public Library's policies and understand that I am to follow these policies while I am a volunteer at the library. I understand it is the policy of the Clinton Public Library to protect the privacy of those who are employed by or use the library as a patron. I agree to hold all information about patrons or employees in complete confidence. A breach of confidentiality is grounds for dismissal from volunteering at the library.

Signature:	Date:
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Parents of Minors

I understand that my child (named above) wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by the Clinton Public Library. I understand that they will be provided with any training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to library policies and procedures. I understand that they will not receive monetary compensation for the services contributed.

Name of Student:	
Parent/Guardian Name:	
Relationship to volunteer:	
Parent/Guardian Signature:	Date:
Parent/Guardian Name:	
Relationship to volunteer:	
Parent/Guardian Signature:	Date: