Clinton Public Library Volunteer Application

Contact Information		
Name:		
Address:		
City:	State:	Zip:
Phone:		Age:
Email Address:		

Availability						
___Weekday Mornings (9am-12pm)				___Weekday Afternoons (12pm-3pm)		
___Weekday Evenings (3pm-5pm)				___Weekend Afternoons (1pm-4pm)		
Preferred Day(s)	___Mon	___Tues	___Wed	___Thurs	___Fri	___Sat

Skills & Qualifications	Summarize skills previously acquired through employment, volunteering, hobbies, and/or sports.

Volunteer Opportunities (select all that you are interested in):		
Programming:	Assist library staff with library programming, including but not limited to giving instructions, setting up games and/or activities, preparing materials, moving furniture, greeting participants, recording statistics, helping run the makerspace or teaching a craft, etc.	
Beautification:	Assist library staff with bettering the overall appearance of the library, including but not limited to gardening, yardwork, dusting, wiping down shelves, shelving material, straightening materials, etc.	
Homebound Delivery:	Assist library staff with the delivery of books to homebound patrons. This will require a vehicle, license, and proof of car insurance. You must be 18 years of age or older.	
Special Projects:	Assist library staff with the completion of special library projects, including but not limited to indexing, scanning, documenting, and/or otherwise preserving library materials for future use.	

Emergency Contact
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 & Signature

By submitting this application, 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 the Clinton Public Library will run a background check before approving me as a volunteer.

Name:	Date:
Signature:	

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.

Parent/Guardian Name:	Relation to Volunteer:
Parent/Guardian Signature:	Date:
Phone:	