

Lavenia McCoy Public Library
Volunteer Application

Today's Date: _____

Personal Information

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

Your age group: ___Adult (18 and older) ___Teen/Young Adult (ages 15-17)

Emergency contact information

Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Availability

Please circle the times you are available: Mornings Afternoons Evenings

Please circle the days you are available: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Are you available to work a fairly regular schedule? ___Yes ___No

If "Yes," how many hours would you like to volunteer per week?

___2 hours ___3 hours ___4 hours ___ Other: _____

If "No," are you available to volunteer on an "as needed" basis for events, programs and special projects? ___ Yes ___ No

Comments: _____

Please indicate the type of time commitment you can make to being a library volunteer:

___ 6 months ___ 1 year ___ 2 years ___ Other (explain): _____

Volunteer Positions

Please check the volunteer position(s) below that are of interest to you:

___ Shelving Volunteer (puts away books, straightens shelves in collection)

___ Printing/Public Relations Volunteer (makes copies of brochures, flyers etc.)

___ Adult Program Volunteer (assists with room setup and hosting of programs for adults)

- ____ Computer Class Volunteer (assists instructor at computer classes)
- ____ Teen Program Volunteer (helps with teen programs)
- ____ Children's Department Volunteer (helps in children's area and at children's programs)
- ____ Technical Processing Volunteer (covers, labels books & other materials)
- ____ Repair Volunteer (helps repair damaged books)
- ____ Book Sale Volunteer (helps sort , evaluate & sell donated books)

Skills & Experience

Please tell us a little about your skills, work & volunteer experiences, abilities, hobbies and special interests (especially those that relate to volunteering at the library).

References

Please provide two references (non-relatives).

Name: _____ Phone: _____

Name: _____ Phone: _____

***Please note:** The library runs background checks on all volunteers who will be working directly with children. Do we have permissions to run a background check? ___ Yes ___ No

Volunteer Agreement:

My signature authorizes the Lavenia McCoy Public Library to verify information on this application and check my references.

Signature: _____

If you are under age 18, please have your parent or guardian sign this form.

Parent/Guardian: _____ Phone: _____

Signature: _____

Thank you for your interest in volunteering at the library. Please return this form to:

Lavenia McCoy Public Library
Attn: Judy Gotthelf
395 Bayfield Center Dr.
P.O. Box 227
Bayfield, CO 81122

