

Bloomington Public Library Volunteer Application

Name: _____ Date: _____

Address: _____ Phone (Home): _____

City: _____ State: _____ Zip: _____ Phone (Cell): _____

Email: _____

Are you age 18 or older? Yes No

Applicants 14 -17 years of age need signed parental consent. (See next page.)

What are your volunteer service interests?

- Friends Book Sale
- Deliver materials to customers*
- Shelf reading/straightening *must have own transportation
- Light clerical
- Mending & cleaning materials
- Help with library programs

I'm willing to volunteer on a:

- daily
- weekly
- monthly
- special events/seasonal basis

I can volunteer $\frac{2}{4}$ hours per shift.

Please indicate your availability for volunteering:

Monday	morning afternoon evening	Tuesday	morning afternoon evening	Wednesday	morning afternoon evening	Thursday	morning afternoon evening
Friday	morning afternoon	Saturday	morning afternoon	Sunday	afternoon		

Would you be available or interested in volunteering for special events or seasonal volunteering?

If yes, what is your availability?

Education & Work Experience: _____

Current Employer: _____

Position Responsibilities: _____

Previous Volunteer Experience: _____

Skills/Interests: _____

Languages Spoken: _____

What is motivating you to volunteer? Personal Satisfaction Career Exploration
 School/community service requirement Court Ordered

Are you fulfilling hours for another agency? Yes No If yes, what agency: _____

If yes, how many hours: _____ When must hours be completed? _____

Are you eligible for a State Farm Good Neighbor Grant? Yes No

References

We reserve the right to check references on all potential volunteers. Please list two people, other than relatives, who have known you for at least one year.

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

General Information

Affirmative responses to the following questions will not automatically exclude you from volunteering.

Have you ever been dismissed or asked to resign from any position for reasons other than disability?

Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Are you willing to submit to a background check? Yes No

- I hereby certify that the information provided above is true and complete to the best of my knowledge.
- I understand I will not be paid as a volunteer.
- I understand I will serve as needed by the Bloomington Public Library and my assignment may end at any time, with or without cause. I understand my application may not be selected for volunteer service.

Confidentiality Agreement

I understand that it is the policy of the Bloomington Public Library to protect the privacy of those who use the library. I agree to hold all information about patrons in complete confidence and to access this information only in the course of performing my volunteer assignments. In addition, I understand that a breach of confidentiality is grounds for dismissal from the library's Volunteer Program.

Signature of Applicant

Date

If volunteer is 14 - 17 years of age, a parent or guardian must consent to an applicant's working as a volunteer. I hereby consent to my child's participation in the Bloomington Public Library Volunteer Program.

Signature of Parent/Guardian

Date