

Volunteer Application

Library		Date	
Last name	First name		Middle name
Home address	City	State	Zip
Home phone	Cell phone	Email	

Skills & Interests

What type of tasks/work would you be interested in assisting with?

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Programs | <input type="checkbox"/> E-Reader/Technology Help | <input type="checkbox"/> Routine Library Tasks |
| <input type="checkbox"/> Creating Online Classes/Content | <input type="checkbox"/> Exhibitions | <input type="checkbox"/> School Age Children's Programs |
| <input type="checkbox"/> Filming and/or Editing Video | <input type="checkbox"/> Preschool Programs | <input type="checkbox"/> Welcoming Library Visitors |
| <input type="checkbox"/> English Conversation Groups | <input type="checkbox"/> Program Set-Up/Tear-Down | <input type="checkbox"/> Writing Blog Posts |
| <input type="checkbox"/> Other: _____ | | |

Are you fluent in a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which language(s)? _____	Would you be interested in serving on a Teen Advisory Board? (must be 15-19 years old) <input type="checkbox"/> YES <input type="checkbox"/> NO
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Do you have a special skill or talent that you would like to teach others? YES NO

If yes, please describe: _____

Availability

Applicants 16 years & older may be required to pass a background check.

Are you volunteering to complete... <input type="checkbox"/> educational requirement <input type="checkbox"/> community service If you checked one above, how many hours would you volunteer? _____	Are you interested in ongoing volunteering? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, for how long would you volunteer? _____
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Teen volunteers (15-19 years old) are required to work at least 8 hours during the semester. Can you commit to this amount of time?

- YES NO N/A



In the table below, please put an **X** in the times/days that are best for you. The final volunteer schedule will depend on the availability of volunteers and when staff determines volunteers are most needed.

	10 am – 12 pm	12 pm – 2 pm	2 pm – 4 pm	4 pm – 6 pm	6 pm – 9 pm*
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

*Volunteers under the age of 16 may not be scheduled after 7:00 pm

Parental Authorization (to be completed by minor's parent or guardian)

I am willing to have my child volunteer for the Spokane County Library District.

Minor's Birthdate	School	Grade
Parent or guardian last name	First name	Middle initial
Home phone	Cell phone	Email address
Signature of parent or guardian		Date

Emergency Contact Information

Contact information for a person who can always reach you and who should be contacted in case of an emergency:

Name	Relationship	Home phone	Cell Phone
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If I am accepted for volunteer service, I authorize SCLD to perform a WSP background check, agree to attend training as set up by the Spokane County Library District, and give service on a mutually agreeable basis.

Applicant Signature _____ Date _____

LIBRARY USE ONLY:	TEEN VOLUNTEERS ONLY:
Supervisor Approval: _____	<input type="checkbox"/> Returned Student Certification Form
<input type="checkbox"/> Temporary <input type="checkbox"/> Regular	<input type="checkbox"/> Completed Teen Volunteer Orientation
<input type="checkbox"/> Completed WSP Background Check	Date of Completion: _____