



Volunteer Application

Date _____

Personal Information

Name _____ Address _____
 City/State/Zip Code: _____
 Daytime Phone _____ Evening Phone _____
 E-mail Address _____

Availability

	Mornings 9AM-1:00PM	Afternoons 1:00-5:00 PM	Evenings 5:00-9:00 PM
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Which length shifts would you prefer? 1 hour 2 hours 3 hours

How many hours each week would you prefer to volunteer?

1-3 4-6 7-9 10-12 12 or more

How long do you plan to serve as a volunteer for the Library?

A few weeks A few months _____ hours Not sure/indefinite

Experience

Current Employer _____ Retired Not currently employed

Position _____ Hire date _____

Have you every completed volunteer work? Yes No

Organization _____
 Duties _____ Dates of service _____

Organization _____
 Duties _____ Dates of service _____

Education

Circle highest grade completed: 6 7 8 9 10 11 12

College (years or degrees completed) _____

Are you currently a student? Yes No If yes, what is your grade point average?

Which school do you attend? _____

Confidentiality Agreement

I understand that it is the policy of the North Kansas City 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 Services Program.

Applicant Signature _____ Date _____

Parent/Guardian Consent

Are you 18 years or older? Yes No

You must be *over* 12 years of age to volunteer. Volunteers under 18 years of age must have a parent/guardian complete the consent section on this application below.

I give permission for the above applicant to volunteer at North Kansas City Public Library for a maximum of _____ hours per week. If you need to reach me, my telephone number is _____.

Parent or Guardian (Print name)

Signature of Parent or Guardian

Reference Information

Please provide the names and contact information of two references:

Name _____ Telephone Number _____

Personal Reference Professional Reference

Name _____ Telephone Number _____

Personal Reference Professional Reference

I authorize the North Kansas City Public Library to make inquiries as to my experience and character, and to certify that all statements made on this application are true.

Your signature indicates that you understand that there is no compensation for volunteer services at the North Kansas City Public Library.

Applicant Signature _____ Date _____

Should you be matched with a volunteer opportunity, you will be asked to submit your driver's license number and birth date in order that we may complete a background check.