

Volunteer Application

March 2017

Please neatly complete the application and return it to the library branch nearest you.

NAME:	DATE:			
ADDRESS:				
CITY: STATE:	ZIP: PHON	E:		
E-MAIL ADDRESS:				
WORK OR VOLUNTEER EXPERIENCE:				
YOUR SPECIAL INTEREST OR SKILLS:				
WHAT IS YOUR REASON FOR VOLUNTEERING? for fun/work experience				
to earn service hours for school (hours r	needed, by		_)	
to earn service hours for a special project (Explain)
other (Explain:				
SCHEDULE: (NOTE: Shifts will be determined by the volunteer coo and staff to supervise. Shift lengths are subject to char				•
Check all that apply.	Day of the Week	Morning	Afternoon	Evening
I'd like to work special events	Sunday			
I'd like to work regular weekly shifts*	Monday			
Other:	Tuesday			
*If you'd like to volunteer on a weekly basis or	Wednesday			
with another type of regular schedule, please	Thursday			
indicate your availability in the chart to the right.	Friday			
	Saturday			
NAME OF SCHOOL:				
LAST GRADE COMPLETED:	AGE (must be at least 1	2):		
MY CHILD HAS PERMISSION TO VOLUNTEER AT THE L	IBRARY (if under age 18):		
Parent/Guardian Name	Parent/Guard	dian Signatu	ıre	
Emergency Phone Number				
 Volunteer Signature				
BOONE COUNTY PUBLIC LIBRARY	(859) 342-BOOK	(12665)	ww	W.BCPL.O



Volunteer Agreement

As a volunteer, I agree to the following:

- A volunteer chooses to perform services for BCPL without compensation or expectation of compensation.
- A volunteer must be officially accepted into the program prior to performance of the task.
- A volunteer completes tasks as agreed upon.
- Volunteers adhere to an agreed upon schedule.
- Volunteers will record all hours worked.
- Volunteers wear a Volunteer name tag and dress appropriately for their assignment.
- Volunteers will treat both customers and staff with courtesy and will treat others in a way that they would like to be treated.
- In case of an emergency, volunteers will follow the directions of library staff to either exit the building or to shelter in place.
- Volunteers will adhere to policies within the Volunteer Program Guidelines.

Name:			
Phone:	Email:		
Opportunity 1st Choice:	2nd Choice:		
Would you be interested in participa	ting in social events for volunteers?	Yes	No (Please select one)
Signature:	Date:		

Thank you for volunteering at the Boone County Public Library!