

COUNTY OF SOLANO
VOLUNTEER APPLICATION
SOLANO COUNTY LIBRARY

Name _____ Date _____

Address _____ Home Phone _____

_____ Work Phone _____

E-mail address _____ Cell Phone _____

I am an/a: Adult _____ Young Adult (13-17) _____ Child (under 13) _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____ Phone _____

EDUCATION (Please circle last year completed) High School 9 10 11 12

College 1 2 3 4 Graduate School, degree in _____

Special skills or training/licenses _____

Fluent languages (other than English) – include signing for the deaf (if applicable)

Language _____ Read _____ Speak _____ Write _____

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EMPLOYMENT CATEGORY: I am presently: (Check as many as apply)

_____ Employed full-time _____ Employed part-time _____ Part-time student

_____ Temporarily unemployed _____ Retired _____ Full-time student

_____ Looking for work _____ Homemaker

Name of current employment, company or school _____

Address _____

How did you hear about our Volunteer Program? _____

Present or previous volunteer experience _____

What are your interests or hobbies? _____

Would you be willing to be “on-call” for special assignments? Yes _____ No _____

If asked, would you feel comfortable in visiting convalescent homes, or individuals in their own home? ___ Yes ___ No

Why do you want to do volunteer work? (Example: new/improve skills, meet new people, school credit)

Time available for volunteer work:

_____ Hours per day (number of hours) _____ Times per week (number of times)

Length of commitment you agree to make: _____ 6 months _____ Other (Specify)

Preferred time: _____ Mornings _____ Afternoons _____ Evenings

Preferred days (please circle): MON TUE WED THU FRI SAT

In general, to which types of volunteer projects do you wish to be assigned? (Check as many as apply):

- Regular weekly assignment
- Open-ended projects
- At-home projects
- Special events only
- Short term projects
- Weekends/nights only
- On-call assignments only

LIBRARY:

- Headquarters
- Fairfield Civic Center
- Fairfield Cordelia
- John F. Kennedy
- Rio Vista
- Springstowne
- Suisun
- Vacaville – Cultural Center
- Vacaville – Town Square

For all assignments, volunteers must provide their own transportation.

HOME BOUND SERVICES ONLY:

Valid California driver’s license number _____

In order to give library service to the home bound, the registered owner of the vehicle must be covered by automobile insurance. List that coverage and the extent of the coverage _____

Do you have community service hours assigned by the court? Yes # of hours _____

Have you ever been convicted of a felony? YES NO (A conviction record may not necessarily disqualify you for placement.)

Date of Offense	Place	Charges	Penalties	Remarks

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

Signature of applicant _____ Date _____

Signature of parent or guardian if volunteer is a minor _____

Interviewed by _____ Date _____

Volunteer Services Coordinator’s comments: _____

