



LIBRARY VOLUNTEER APPLICATION

Interested in helping your community? Please fill out this form to get started.

VOLUNTEER POSITION (to be filled out by staff) :

CONTACT INFORMATION

- Name (First, Last): _____
- Age: _____
- Phone Number: _____
- Email Address: _____

EDUCATION

Please list educational attainment, special skills, training, or licenses

Please list any non-English language(s), including American Sign Language, in which you are fluent

VOLUNTEER INFORMATION

Which library location will you be volunteering? Check all that apply

- Dixon
 Fairfield Cordelia
 Suisun
 Vacaville Town Square
 Vallejo Springstowne
 Fairfield Civic Center
 Rio Vista
 Vacaville Cultural Center
 Vallejo JFK
 Outreach

Why are you interested in volunteering? Check all that apply

- Get involed with community
 Meet new people
 Gain work experience
 Corporate volunteer program
 Share a specific skill
 Earn school service hours
 Library school student
 Other (please specify): _____

Maximum hours available to volunteer **PER DAY:** _____

Maximum days available to volunteer **PER WEEK:** _____

I prefer to volunteer on the following days of the week (check all that apply):

- No Preference Tuesday Thursday Saturday
 Monday Wednesday Friday Sunday

I prefer to volunteer during the following time of day (check all that apply):

- No Preference Morning Afternoon Evening

Have you ever been convicted of a felony?:

- Yes No (A conviction record may not necessarily disqualify you for placement)

Do you plan on volunteering for more than 30 days?

- Yes No

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 misrepresentation 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