

Portland Public Library Volunteer Application

All applicants will be carefully screened for background, experience levels, and skills. Positions will be filled according to the needs of the Library. In order to be considered for a volunteer opportunity, please complete the following application and, if desired, include a copy of your resume.

Full name:	Date:
Address:	Home phone:
	Work phone:
E-mail:	Cell phone

INTEREST AND AVAILABILITY: _____

What interests you about volunteering at the Library? _____

Volunteer work desired: _____

Location: _____ How many hours per week? _____

Days available: _____ Start date? _____ How long? _____

EDUCATION AND EMPLOYMENT:

Please circle the highest level of education you have completed:

K-4 5 6 7 8 9 10 11 12/GED College Graduate School

Current school attending: _____ Please list any degrees: _____

Current/most recent employer: _____ Position: _____

Brief description of duties: _____

Have you ever been convicted of a crime other than a minor traffic offense? If yes, please explain when, where, and disposition: (Conviction will not automatically bar you from volunteering. Relevance to assignment will be considered)

SKILLS/EXPERIENCE: (please check all that apply)

<input type="checkbox"/> Previous library work	<input type="checkbox"/> Data entry/processing	<input type="checkbox"/> Word processing
<input type="checkbox"/> Storytelling	<input type="checkbox"/> Arts and crafts ability	<input type="checkbox"/> Electronic resources
<input type="checkbox"/> Public speaking	<input type="checkbox"/> Editing	<input type="checkbox"/> Community events
<input type="checkbox"/> Envelope stuffing	<input type="checkbox"/> Shredding	<input type="checkbox"/> Sorting/ organizing
<input type="checkbox"/> Knowledge of AV equipment	<input type="checkbox"/> Graphic layout/ design	<input type="checkbox"/> Filing
<input type="checkbox"/> Languages other than English	<input type="checkbox"/> Answering phones/ telephoning	<input type="checkbox"/> Knowledge of/ work with historical material
<input type="checkbox"/> Desktop publishing	<input type="checkbox"/> Reading to an audience	<input type="checkbox"/> Photocopying
<input type="checkbox"/> Other: _____		

PERSONAL INTERESTS, HOBBIES, TALENTS, EXTRACURRICULAR ACTIVITIES:

READING INTERESTS:

Volunteer tasks and activities require a variety of capacities – physical, social, intellectual, etc. Please let us know if you need any accommodations or assistance in these areas. Yes No

Is there anything else we should know about your interests?

REFERENCES: (for youth volunteers these should be non-related adults who know your character and abilities)

Name:

Address:

Phone:

- 1) _____
2) _____
3) _____

PERSON TO NOTIFY IN AN EMERGENCY:

Name:

Phone: (home)

(work)

(cell)

I attest that the foregoing questions have been answered truthfully to the best of my knowledge and belief.

Signed: _____ Date: _____

I, _____, hereby acknowledge and give permission for my
(Print name of Parent/Legal Guardian)

son/daughter, _____, to volunteer at the Portland Public Library,
(Print name of Youth Volunteer)

Signed: _____ Date: _____