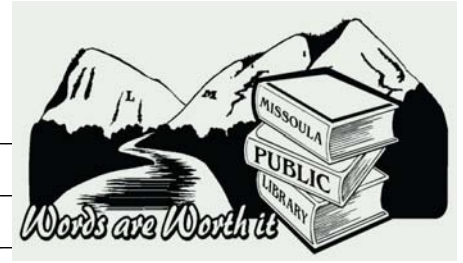


MISSOULA PUBLIC LIBRARY VOLUNTEER APPLICATION



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Employment and Volunteer History**

Please provide complete and accurate information on previous paid and volunteer experiences. List present or most recent experiences first, including the name of your supervisor and a telephone number.

Name of Business or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_ Paid Employment: YES  No

Name of Business or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_ Paid Employment: YES  No

Name of Business or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_ Paid Employment: YES  No

Please list any special skills, training or education you may have: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check volunteer areas that interest you:

- Shelving                       Shelf Reading                       Graphic Arts, Displays  
 Vital Records Indexing       Book Covering                       Book Mending  
 Computer Input                       Other                                       Homebound

Volunteering is a true commitment of time, both yours and ours. If you offer to volunteer, we depend on you to be here on time. If you are not able to come in at your scheduled time, please call and let us know. Training will be provided prior to starting any volunteer work.

**Time Commitment:** Most volunteer positions at the library require an on-going commitment. Please tell us for how long you would like to commit to a volunteer job.

- A week or two     3 months     6 months     9 months (school year)  
 Summer     Other, Please specify \_\_\_\_\_

Hours Available For Work		
	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday	xxxx	

Do you have any physical limitations restricting your activities: Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

In case of an emergency, whom should we call?

\_\_\_\_\_  
 (Name and phone number)

**References:**

Please list two people (employers, supervisors, teachers or other non-relative) we may contact for a reference.

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been convicted of any crime?                       Yes     No

If yes, please give a short explanation outlining the circumstances of your conviction indicating date, nature and place of offense and disposition. (Do not include traffic violations or convictions sealed or annulled by the court.)  
 Convictions will not necessarily disqualify you from the volunteer position for which you are applying.

\_\_\_\_\_  
 \_\_\_\_\_

**Certification**

*I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application and verification of the references. I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any services I provide. I understand by volunteering, I am not guaranteed any special consideration for any future permanent job positions with Missoula Public Library, should I ever apply for one.*

Signature of Volunteer Applicant: \_\_\_\_\_ Date: \_\_\_\_\_