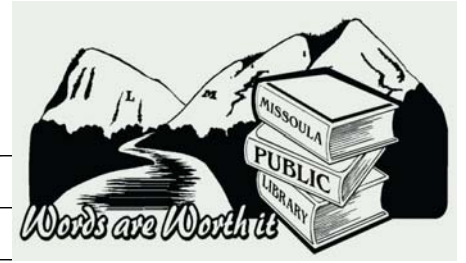


**MISSOULA PUBLIC LIBRARY YOUTH VOLUNTEER APPLICATION**



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

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

Check volunteer areas that interest you:

*Family Reading Program  
(handing out folders and prizes)*

*Summer Activity Program  
(every Tuesday afternoon from 1:00 – 3:00)*

*Shelving paperback books*

*Shelving hardback books*

*Shelving magazines*

*Straightening shelves*

*Other duties as needed (this could include helping prepare bulletin boards; assisting at storytimes; clean-up in the picture book area)*

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 \_\_\_\_\_

**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: \_\_\_\_\_

Parents, thank you for allowing your child to become a volunteer at the Missoula Public Library. If you have any questions about any of the duties they may be assigned, or areas they will work in, please feel free to contact our Volunteer Coordinator for the Children’s Department, Rita Squires, at 721-2665.

***I \_\_\_\_\_ (parent’s name) give permission for my child to volunteer at Missoula Public Library.***