

CONFIDENTIAL WHEN COMPLETED

DELRAY BEACH PUBLIC LIBRARY

100 West Atlantic Avenue, Delray Beach, FL 33444 (561) 266-0194 or (561) 266-9490

E-mail: isabella.rowan@delraylibrary.org

Fax: 561-266-9757

VOLUNTEER APPLICATION

PLEASE PRINT

DATE: _____

PERSONAL

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone :(Cell) _____ (Home) _____ (E-Mail) _____

Status: Retired [] Student [] Employed [] Unemployed [] Teen (ages 13-18) []

Emergency contact: Name: _____ Relationship: _____

Phone: _____

Do you have any physical limitations? _____ Describe: _____

References: Please list the name, address and telephone number of two references (not living with you)

1) _____

2) _____

How did you find out about our need for volunteers? (Circle all that apply)

Library staff / Volunteer / Donor / Radio / Newspaper (Name) _____

Other: _____

Have you ever plead guilty or plead no contest or been found guilty of a felony or first degree misdemeanor? No [] Yes [] (If "Yes," please describe in full. Use reverse side if necessary.)
The Library is a Drug-Free workplace therefore volunteers may be subject to random drug testing.

AREAS OF INTEREST: (Skip if Teen Volunteer)

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Homework Helper | <input type="checkbox"/> Internet Assistant | <input type="checkbox"/> Audio Visual/Technical Assistant |
| <input type="checkbox"/> Computer Assistant | <input type="checkbox"/> Clerical Assistant | <input type="checkbox"/> Program Presenter/Leader |
| <input type="checkbox"/> Program Greeter | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Mailings/Newspaper Clippings |
| <input type="checkbox"/> Shelving | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Book Discussion Group Leader |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events | |
| <input type="checkbox"/> Lifelong Learning Community Institute | | |
| <input type="checkbox"/> Empowerment Zone Assistant – <i>Assist job seekers with resume writing, interviewing, computer skills</i> | | |

Other: _____

SKILLS: (Please list any special skills you think may be of benefit to the library)

VOLUNTEER EXPERIENCE: (Please describe briefly any previous volunteer experience, indicating the organization(s), time spent and type of work you performed)

WORK EXPERIENCE: (Please describe any work experience that you feel could benefit the library)

AVAILABILITY

Time(s) available to volunteer – four hour periods are preferred but not mandatory (please check):

	MON	TUE	WED	THU	FRI	SAT	SUN
9:00AM – 1:00PM							XXXX
1:00PM – 5:00PM							
5:00PM – 8:00PM				XXXX	XXXX	XXXX	XXXX

Work on a “Will Call” basis []

Number of days a month available? _____ When can you start? _____

Year round resident? Yes [] No []

I understand The Library depends on volunteers who can be counted upon to honor their commitment in a professional manner. Should unforeseen events interfere with my ability to honor my commitment, I will promptly notify The Library (561) 266-0194 or our Volunteer Office at (561) 266-9490. I authorize reference and background investigation checks of all statements contained in this volunteer application. I also understand that misleading or omitted information herein may result in dismissal.

(Signature of Volunteer)

(Date)

(Signature of Parent/Guardian if minor)

(Date)

Due to the high volume of applications we receive, there are sometimes more applications than positions available. We will make every attempt to contact you either way, and in the event there is not an opening that matches your skills and availability, we will keep your application on file for one year.