



Adult Volunteer Application

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

E-mail: michele.harrington@delraylibrary.org

Today's date: _____

Please print. Personal

Full name: _____ DoB: _____
Last First M.I.

Address: _____ Phone: _____
Street address Apt/Unit #

_____ Cell: _____
City State Zip Code

Email: _____

Status: Retired Student Employed Unemployed Teen (Ages 13-17) Contact Teen Librarian

Physical limitations? Yes No If yes, explain? _____

Emergency Contact: _____ Relation: _____
Last First M.I.

Email: _____ Cell: _____

References

Please list two professional references.

Full name: _____

Relationship: _____ Phone: _____

Email: _____

Full name: _____

Relationship: _____ Phone: _____

Email: _____

How did you hear about our need for volunteers? Check all that apply:

Library Staff Volunteer Donor VolunteerMatch/Newsletter Newspaper Other: _____

Education

High School Some College Undergraduate Graduate Doctorate Pursuing Degree

College/University: _____

Currently Enrolled? Yes No

Did you graduate? Yes No

Date: _____

Area of Specialty: _____

Areas of Interest

Check all that apply.

<input type="checkbox"/> Welcome Desk Greeter	<input type="checkbox"/> Event Set-up and Take-down
<input type="checkbox"/> Adult & Tenn Book Shlelvers	<input type="checkbox"/> Homework Helper
<input type="checkbox"/> Program / Event Check-In	<input type="checkbox"/> Technical Services
<input type="checkbox"/> Clerical Assistant	<input type="checkbox"/> Other Areas of Interest – Please describe:

Skills

Please briefly describe any specific skills you think may be of benefit to the library:

Tutoring Experience

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

Do you have a Teaching Certificate? Yes No

Volunteer Experience

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

Work Experience

Please briefly describe any work experience you feel could benefit the library.

Availability

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

Number of days available: _____ When can you start? _____ Year-round resident? Yes No

Are you able to work on a "will call" basis? Yes No

Disclaimers and Signature

Have you ever pleaded guilty or pleaded no contest or been found guilty of a felony or first-degree misdemeanor? Yes No
(If "Yes," please describe in full. Attach other pages if necessary.)

The library is a Drug-Free workplace therefore volunteers may be subject to random drug testing.

A background check is required for all volunteers who will work directly with children.

**If you are selected to be a volunteer at the Children Services Department,
you will be provided with an authorization form to return with this application.**

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.

Signature: _____ Date: _____