

Tuttle Library

Volunteer Application Form

Date: _____

Name: _____
 First MI Last

Address: _____
 Street

 City, State, Zip

Phone: _____ Alternate Phone: _____

Email Address: _____

Emergency Contact Person: _____

Emergency Contact Phone: _____

1. List any past work or volunteer experience that you feel would be applicable to library work.

2. Why are you interested in volunteering at Tuttle Library?

3. Do you have a medical condition or mobility restriction that would limit your ability to perform certain tasks without reasonable accommodation? _____ If yes, please explain.

4. Is there a specific area of the library in which you would like to volunteer?

- | | |
|--|--|
| <input type="checkbox"/> Circulation Desk | <input type="checkbox"/> In-take and repair of books |
| <input type="checkbox"/> Shelving Books | <input type="checkbox"/> Story Time Reader |
| <input type="checkbox"/> Children's Craft Activity | <input type="checkbox"/> Other – please describe below |
| <input type="checkbox"/> Class presenter – describe subject matter you would be comfortable teaching | |

Time Commitment: Most volunteer positions at the library require an on-going commitment of six months or more. Special projects may be available for less than a six-month commitment. Please indicate how long you would like to commit to the library:

Less than 6 months 6 months or more

Exceptions to the six-month commitment can be made for students who would like to volunteer during the summer months while school is not in session.

What hours/days of the week are you available to volunteer? Please circle the day and write the time(s) when you would be available. Example: 9:00 – 2:00, 5:30 – 8:00

Monday hours _____ Tuesday hours _____ Wednesday hours _____

Thursday hours _____ Friday hours _____ Saturday hours _____

Total hours you would like to volunteer during a week: _____

Would you be available as an "on-call" volunteer: _____

Comments regarding scheduling:

Volunteer Release Statement

I hereby certify that the above information on this application is true, accurate, and complete to the best of my knowledge. I agree and understand that if I am accepted as a Tuttle Library Volunteer, any false statement may result in my dismissal from the program. I agree and acknowledge that I may come into contact with confidential information and that I am to protect this information as a volunteer and not to divulge it during or after my service as a volunteer has ended. I acknowledge that any photograph or videotape taken of me participating in this volunteer program may be used for publicity and promotion purposes by Tuttle Library. I further understand that this is a volunteer position for which no payment for services that I provide to the Tuttle Library will be paid to me.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Signature

Date

Parent/Guardian consent (for volunteers under age 18)

I give permission for the above applicant to participate in the volunteer program at Tuttle Library. I acknowledge that any photograph or videotape taken of my child/ward while participating in this volunteer program may be used for publicity and promotion purposes by Tuttle Library.

Parent/Guardian Signature

Date

NOTE: All volunteer applicants age 18 or over must consent to and complete a background check in order to be accepted to work in the Tuttle Library.