



# Buena Vista Public Library - Volunteer Application

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DOB \_\_\_\_\_ \*Year optional if you are over 18 years old.

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

If you resided outside of Colorado in the last 12 months, what was your previous address?

Mailing Address \_\_\_\_\_ Years at this address? \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Best way to contact you? \_\_\_\_\_

Mark your volunteer interest(s):

\_\_\_\_ Special Events      \_\_\_\_ Youth Services      \_\_\_\_ General Library Help

\_\_\_\_ On a regular basis      \_\_\_\_ Teens      \_\_\_\_ Reading to Rover

\_\_\_\_ Program Support      \_\_\_\_ Adult/Senior Services      \_\_\_\_ Tech Support for Patrons

Days and Times available:

\_\_\_\_ Mondays      Time \_\_\_\_\_      \_\_\_\_ Thursdays      Time \_\_\_\_\_

\_\_\_\_ Tuesdays      Time \_\_\_\_\_      \_\_\_\_ Fridays      Time \_\_\_\_\_

\_\_\_\_ Wednesdays      Time \_\_\_\_\_      \_\_\_\_ Saturdays      Time \_\_\_\_\_

Have you previously worked/volunteered in a library?      \_\_\_\_ YES      \_\_\_\_ NO

If yes, what were your responsibilities? \_\_\_\_\_

Do you have any special needs or work restrictions, you would like to share? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, what are they? \_\_\_\_\_

References (not related to you): Name & Telephone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

Skills, training or experience that might enhance your time at the library:

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

Why do you want to volunteer?

\_\_\_\_\_ To get work experience

\_\_\_\_\_ School requirement

\_\_\_\_\_ Community involvement

\_\_\_\_\_ Other: \_\_\_\_\_

**Emergency Contact Information.** *If you are under 18 years old, this person must be a parent.*

First name \_\_\_\_\_ Last name \_\_\_\_\_

Phone number \_\_\_\_\_ Relationship to you \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If under 18 we need parent/guardian signature & contact information.**

Parent/Guardian printed name \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_

**Acceptance of this application does not guarantee that you will be placed as a volunteer.**

