



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