

Volunteer Application | Longview Public Library



Please return the completed form to Longview Public Library or mail to Longview Public Library - Volunteer Services, 1600 Louisiana Street, Longview, WA 98632. Incomplete applications will not be accepted.

- I am interested in volunteering in:
- Adult Services and Programs
 - Youth Services and Programs
 - General Library Help

Personal Information

Date: _____

First name: _____ Last name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Best way to contact you: Home phone Cell phone Email

Date of birth*: _____

*This information is to verify eligibility for projects or activities, for demographic reporting to funders, and for conducting a background check.

Demographic Information (optional)

Gender: M F

Race/Ethnicity: Native American Hispanic/Latino Asian
 Pacific Islander Black/African American
 White/Caucasian Other

Educational Background

Highest level of education:

High School/GED Associates Degree Undergraduate Degree
 Graduate Degree Post-Graduate Degree Other: _____

Professional Background

Currently employed? Yes No Retired? Yes No

Reason for Volunteering

Why are you interested in volunteering at the library?

- Community involvement Build Work experience School service hours
 Corporate volunteer program Ordered by courts/probation
 Unpaid Internship Other: _____

Are you required to perform service hours? Yes No

Number of hours required: _____ Date hours need to be completed: _____

Availability

I am interested in volunteering: (check all that apply)

- Three months Six months Nine months (a school year) Weekends only
 One year Ongoing Occasional event Other _____

Library Programs

What types of programs you are interested in helping with:

- Shelving/organizing material Tutoring Youth Programs
 Events Story Times Adult Programs Homebound Delivery
 Computer/technology training Other _____

Current Skills and Library Experience

- Skills: Advanced computer skills Basic computer skills Clerical skills
 Database management Event management Crafts
 Group facilitation Mending or bookmaking
 Public speaking Working with diverse populations
 Teaching experience Other _____

Library experience:

- Checking in books Computer assistance
 Instructing classes Shelving books
 Program assistance Reference Other _____

Languages

Are you fluent in a language other than English?

Spanish Chinese Russian Vietnamese Other: _____

Volunteer Experience

Have you volunteered for Longview Public Library before? Yes No

If Yes, when/in what department did you volunteer?

Describe any physical limitations that could prohibit you from activities such as: bending, stretching, climbing on step stools, carrying bags of books, sitting for long periods: _____

List other volunteer experience:

References:

First name: _____ Last name: _____

Phone: _____ Number of years known: _____

How do you know this person? _____

First name: _____ Last name: _____

Phone: _____ Number of years known: _____

How do you know this person? _____

Emergency Contact information:

Name: _____ Phone: _____

Email: _____ Relation: _____

Name: _____ Phone: _____

Email: _____ Relation: _____

Volunteer Application Agreement

I understand and agree that Longview Public Library may investigate any information that I furnish in association with this volunteer application and perform whatever background investigation the City of Longview deems appropriate. Any misrepresentation on this form can be cause for withdrawal of any offer or termination of a volunteer agreement.

If I become a volunteer at Longview Public Library, I understand that it is for no definite period of time. I understand that I will not be paid for my services as a volunteer and I expect no compensation.

If offered a volunteer position I agree to comply with all lawful rules, policies, standards, and guidelines of Longview Public Library and the City of Longview.

***Applicants under the age of 18 require the signature of a parent or legal guardian along with the applicant's signature.**

Print name: _____

Signature: _____

Parent/Legal Guardian

I _____ give permission for my minor child to volunteer at Longview Public Library if she/he is selected. I have read the qualifications, duties, and time requirements for volunteering at the Library and will assist my minor child in keeping his/her commitment if selected. I understand that submission of this application is not a guarantee that my minor child will be selected as a volunteer, and that hours are assigned on a first come, first-served basis.

Print name: _____

Signature: _____ Date: _____

For office use only:

_____ Background Check

_____ Number

_____ Timesheet

_____ Safety Training

_____ Database

_____ Badge

_____ Orientation

_____ Scheduled/Matched

_____ _____