VOLUNTEER APPLICATION FOR ADULTS

Volunteer Services Program * 33 West Beauregard * San Angelo, Texas 76903 * 325-949-2951 * FAX: 325-655-4027

If you are under 18 years old, please complete the Library's Volunteer Application for Minors.

Personal Information

Name:		Emergency Contact:		
Address:		Relationship:		
City:	Zip:	Telephone:		
Home Phone:				
Phone:				
E-mail Address:				
Preferred Method of Conta	act: □ Phone □ Ema	ail		
Employment Status: □ Em	ployed □ Retired □ Studen	t □Unemployed □Homem	aker	
Current Employer and Pos	ition:			
Employment History (feel fre	ee to use back of this page, if neede	ed)		
Volunteer Experience:				
Interests and Skills:				
Hignest Level of Education:	☐ High School ☐ Vocational-T	ecn □Undergraduate □ Grad	iuate Degree	
KNOWLEDGE OF FOR				
•	evel as follows: $B = Basic I = I$	Intermediate $F = Fluent N = I$	No Ability	
Language	Speak	Read	Write	

Volunteer Service Interests:				
Delivering books to our homebound		☐ Tidying up the book shelves		
patrons and visiting with them PALS Program		☐ Repairing books or other materials		
□Picking up donations from donors' homes and taking them to the library		☐ Making posters, displays, flyers, etc.☐ Telling stories or presenting puppet programs for children		
☐Checking shelves to make sure each book is in order				
☐Teach or assist in computer classes		☐ Short-term Project: (specify project)		
□ Branch Library Support: (specify project)				
Your Availability:				
Monday	Thursday _			
Tuesday	Friday _			
Wednesday	Saturday _			
Best time of day: ☐ Morning ☐ Afternoon	□Eve	ening		
Where would you like to be assigned? ☐ Bran	nch:	□Maiı	n Library	
How long do you plan to serve as a volunteer for	or the Library?			
Within the past ten years, have you been convi	cted of a crim	e or released from priso	n?	
If YES, please state the date, place and nature history check by the Texas State Patrol.	of the offense	e(s). Volunteer applicant	's must consent to a crimina	
Confidentiality Agreement:				
I understand that it is the policy of the Tom Gre Library. I agree to hold all information about par in the course of performing my volunteer assign grounds for dismissal from the Library's Volunte	trons in compl nments. In add	ete confidence and to a dition, I understand that	ccess this information only	
Applicant Signature		Date		
FOR LIBRARY STAFF USE:				
PLACEMENT: Location:	Position:		Date:	
SUPERVISOR:		_		
COMMENTS:		_		
DATE RESIGNED:				