



# VOLUNTEER APPLICATION

## Contact Information

|                  |  |
|------------------|--|
| Name             |  |
| Street Address   |  |
| City ST ZIP Code |  |
| Home Phone       |  |
| Work Phone       |  |
| E-Mail Address   |  |

## Availability

What days and times are you available to volunteer?

**MONDAY:** \_\_ Morning \_\_ Day \_\_ Evening      **TUESDAY:** \_\_ Morning \_\_ Day \_\_ Evening  
**WEDNESDAY:** \_\_ Morning \_\_ Day \_\_ Evening      **THURSDAY:** \_\_ Morning \_\_ Day \_\_ Evening  
**FRIDAY:** \_\_ Morning \_\_ Day \_\_ Evening      **SATURDAY:** \_\_ Morning \_\_ Day \_\_ Evening

## Interests

How would you like to help?

- |  |  |
|--|--|
| <input type="checkbox"/> Friend of the Osceola Public Library  | <input type="checkbox"/> Computer Instruction/Help |
| <input type="checkbox"/> Storytime Assistant                   | <input type="checkbox"/> Gardening                 |
| <input type="checkbox"/> Special Event Assistant               | <input type="checkbox"/> Summer Help               |
| <input type="checkbox"/> Clerical Assistant                    | <input type="checkbox"/> Internship                |
| <input type="checkbox"/> Other ( <i>Please explain</i> ) _____ |  |

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Other Questions

Is this volunteer work court-ordered? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

If you are under 18 years old, what is your age? (*Volunteers under the age of 18 must have a signed parental consent.*) \_\_\_\_\_



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## Person to Notify in Case of Emergency

|                  |  |
|------------------|--|
| Name             |  |
| Street Address   |  |
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| Work Phone       |  |
| E-Mail Address   |  |

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
|--|--|
| Name (printed)   |  |
| Signature  |  |
| Date   |  |
| Signature of Parent ( <i>if volunteer is under 18 years of age</i> ) |  |

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.