

FOR OFFICE USE

Volunteer Ref # _____ Date _____

Hardin County Library Volunteer Application

Thank you for your interest in volunteering with Hardin County Public Library. Volunteers play a vital role in our community. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information

Please print

First Name..... Last Name.....
Address..... City/State/Zip.....
Telephone..... Email.....

Personal Information (please circle correct response):

Gender: Male Female

Have you ever been convicted of a crime? If yes, please explain:

Physical Limitations: No Yes (Please Explain)

Education (highest level completed)

Grades 1-5 6-9 11-12 College Business Graduate School Technical/Vocational

Employment

Current Employer, if applicable:

Position/Title _____

Dates of Employment (starting, ending) _____

Company/Employer _____

Address _____

Would you like us to keep your employer abreast of your volunteer service and achievement: No Yes?

List previous volunteer experience, special training, or hobbies:

Skills (List your skills and indicate proficiency level) Skilled Can Teach Amateur

1.....
2.....
3.....

Volunteer availability: (Circle all that apply)

Number of Days per week: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday Saturday No Preference

How long do you intend to volunteer for?

References:

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the Hardin County Public Library that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Hardin County Public Library. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the library or my termination as a volunteer.

In an emergency, notify:

First Name..... Last Name.....

Address.....

City/State/Zip..... Telephone.....

I declare that the information I have provided is true.

.....
(Signature/Volunteer) (Signature/Staff) (Date)

For office use only

Notes

Volunteer Position _____

Volunteer Interview _____

References Collected _____

Volunteer Start Date _____

