

Volunteer Application



Name: _____ Date: _____

Address: _____ ZIP: _____

Phone 1: _____ Phone 2: _____

Email Address: _____

Employment Status: Employed Retired Student Unemployed

Current Employer/Position: _____

Employment History (Past five years - attach resume if desired):

Employer or Organization	Position Title	Month & Year (To/From)
_____	_____	_____
_____	_____	_____

Volunteer Experience:

Interests and Skills:

Highest Level of Education:

High School Vocational Undergraduate Graduate Other Training

Reference	Phone	Relationship
_____	_____	_____
_____	_____	_____

Interest with the Friends of the Library:

Book Store Volunteer Friends of Library Board Periodic Book Sales

Your Availability: indicate the times you can volunteer during the week

Monday _____ Thursday _____
Tuesday _____ Friday _____
Wednesday _____ Saturday _____

How long do you plan to volunteer with the Friends of the Library?

At least 6 months At least 1 year Other: _____

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Within the past seven years, have you been convicted of a crime, plead guilty, or been released from prison? Yes No

If YES, please state the date, place and nature of the offense(s). The Friends of the Library may choose to run a criminal history background check by the Washington State Patrol. Volunteer applicants must consent to this.

I affirm that I am not a bookseller, and my reason for volunteering with the Friends of Spokane Public Library is to support the Friends in their mission to support Spokane Public Library. I understand that being a bookseller AND volunteering with the Friends of Spokane Public Library would be a conflict of interest.

I certify that all answers or statements I have made on this application or on any other supplementary materials are true and correct without omissions. I authorize the Friends of Spokane Public Library to contact any employer, organization or party necessary to obtain information concerning my previous experience and/or education, except as otherwise indicated. I release the Friends of Spokane Public Library and Spokane Public Library from all claims and liabilities of any nature arising from such investigations or the supplying of information for such investigations.

In expressing an interest in a volunteer assignment, I give permission for, and understand that with proper notification to me, the Friends of Spokane Public Library may conduct one or more criminal history background checks on me through the Washington State Patrol or an equivalent inquiry to a federal law enforcement agency. This background check is in compliance with the Child/Adult Abuse Information Act.

I understand that the Friends of Spokane Public Library will provide reasonable accommodation to qualified volunteers so that the volunteer is able to perform required duties when possible. In some cases, the need for an accommodation may lead to a different volunteer assignment. In the event that I need an accommodation, I understand that I should discuss my need with a Friends of the Library representative where I am assigned.

Signature of Applicant _____ Date _____