



# Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email Address \_\_\_\_\_

Employment Status:  Employed  Retired  Homemaker  Student  Unemployed

Current Employer and 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-Technical  Undergraduate  Graduate Degree  Other Training

References relative to employment, school or volunteer experience (please list two):

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Your interest with the Friends of the Library:

Book Store volunteer  Friends of the Library Board (2<sup>nd</sup> Wednesday of each month, 1:30 pm)  Periodic Book Sales

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

Monday \_\_\_\_\_ Thursday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Friday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Saturday \_\_\_\_\_

How long do you plan to volunteer for 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, pled 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 the Spokane Public Library is to support the Friends in their mission to support the Spokane Public Library. I understand that being a bookseller AND volunteering with the Friends of the Spokane Public Library would be a conflict of interest.**

I certify that all answers or statements I have made on this application or on 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 \_\_\_\_\_

**Thank you for your interest in volunteering with the Friends of Spokane Public Library.**