

Volunteer Application

Name _____ Date _____

Address _____

Phone 1 _____ Phone 2 _____

Email Address _____ Best way to contact? Phone Text Email

Volunteer Experience: _____

Interests and Skills: _____

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

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

Branch Locations: Downtown East Side Hillyard Indian Trail Shadle South Hill

Within the past seven years, have you been convicted of a crime? Yes No

I certify that all answers or statements I have made on this application or on other are true and correct without omissions. I authorize Spokane Public Library to contact any organization or party necessary to obtain information concerning my previous experience I release 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 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.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____
(if volunteer is under age 18)

Thank you for your interest in volunteering with your library.

