Application for Library Volunteer
Springfield-Greene County Library District
4653 S. Campbell Ave., Springfield, MO 65810 • 417-883-5366

The mission of the Springfield-Greene County Library District’s volunteer program is to provide assistance to the staff in every area of operations while also providing quality customer service to patrons in a professional manner.

Prospective volunteers will receive consideration without discrimination due to race, creed, color, sex, age, national origin, physical disability or veteran status. Submitting an application does not guarantee placement as a library volunteer. Incomplete applications will not be considered for review. Volunteers must be 14 years old or older.

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**Last name**  
**First**  
**Middle**  
**Date**

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**Street address**  
**City**  
**State**  
**Zip code**

**Contact numbers**  
- [ ] Primary  
- [ ] Alternate

**Date of birth (mm/dd/yyyy)**

**Email address**

**Why are you interested in volunteering?**
- [ ] School credit  
- [ ] Personal desire to volunteer  
- [ ] Other  
- [ ] Mandated community service — # hours required? ____ by: (date) _______________

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**Have you volunteered for the Library before?**
- [ ] No  
- [ ] Yes If yes, When and Where?

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At which library branch or branches do you wish to volunteer? (check all that apply)
- [ ] The Library Center  
- [ ] Gift Shop—The Library Center  
- [ ] Ash Grove Branch  
- [ ] The Library Station  
- [ ] Gift Shop—The Library Station  
- [ ] Fair Grove Branch  
- [ ] Midtown Carnegie Branch  
- [ ] Outreach  
- [ ] Park Central Branch  
- [ ] Republic Branch  
- [ ] Schweitzer Brentwood Branch  
- [ ] Gift Shop—Schweitzer Brentwood Branch  
- [ ] Strafford Branch  
- [ ] Willard Branch

**Availability:**

<table>
<thead>
<tr>
<th>Day</th>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
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<td>To</td>
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**Are you able to stand for long periods of time?**
- [ ] Yes  
- [ ] No

**How much are you capable of lifting?**
- [ ] 10 lbs.  
- [ ] 20 lbs.  
- [ ] 40 lbs.

What skills and interests are you willing to share through volunteer service? (Check all that apply)
- [ ] alphabetizing/shelving materials  
- [ ] basic math skills/money handling  
- [ ] bilingual [specify language(s)] ____________________________
- [ ] clerical  
- [ ] customer service  
- [ ] driving/delivery  
- [ ] grounds keeping  
- [ ] manual labor  
- [ ] photocopying  
- [ ] retail  
- [ ] other (specify)

**Highest level of education completed?**
- [ ] Current high school student  
- [ ] High school or equivalent  
- [ ] AA  
- [ ] BA/BS  
- [ ] MA or above

**What are your interests, hobbies or extra-curricular activities?** ____________________________

______________________________
Tell us about your work and/or volunteer history:

<table>
<thead>
<tr>
<th>Company/organization name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Supervisor name</td>
</tr>
<tr>
<td>State job title and describe your work.</td>
<td>Length of service</td>
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References

List two references, other than relatives or significant others:

1. Name____________________________________________________ Phone ______________________
   Relationship? _________________________________________________ How long? ______________
2. Name____________________________________________________ Phone ______________________
   Relationship? _________________________________________________ How long? ______________

Emergency Contact Information

Name __________________________________ Phone ______________________________
Relationship ____________________________ Preferred hospital __________________________

Have you ever been convicted of a felony?  □ No  □ Yes
If yes, please explain: ______________________________________________________________________
________________________________________________________________________________________

I certify that I have answered 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 Springfield-Greene County Library District, and that misinterpretations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

Your signature ___________________________________________ Date ______________

Parent signature (if applicant is under 18 years old) __________________________________________