



Application for Library Volunteer

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

For Office Use Only

Human Resources _____
Background Check _____
Placement Location _____
Placement Date _____

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.

Last name	First	Middle	Date																												
Street address	City	State	Zip code	Contact numbers <input type="checkbox"/> Primary <input type="checkbox"/> Alternate																											
Date of birth (mm/dd/yyyy)			Email address																												
Why are you interested in volunteering? <input type="checkbox"/> School credit <input type="checkbox"/> Personal desire to volunteer <input type="checkbox"/> Other <input type="checkbox"/> Mandated community service — # hours required? _____ by: (date) _____			Have you volunteered for the Library before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, When and Where?																												
At which library branch or branches do you wish to volunteer? (check all that apply) <input type="checkbox"/> The Library Center <input type="checkbox"/> Gift Shop—The Library Center <input type="checkbox"/> Outreach <input type="checkbox"/> The Library Station <input type="checkbox"/> Gift Shop—The Library Station <input type="checkbox"/> Midtown Carnegie Branch <input type="checkbox"/> Brentwood Branch <input type="checkbox"/> Park Central Branch <input type="checkbox"/> Ash Grove Branch <input type="checkbox"/> Fair Grove Branch <input type="checkbox"/> Republic Branch <input type="checkbox"/> Strafford Branch <input type="checkbox"/> Willard Branch			Availability: <table border="1"> <thead> <tr> <th>Day</th> <th>Sun</th> <th>Mon</th> <th>Tue</th> <th>Wed</th> <th>Thur</th> <th>Fri</th> <th>Sat</th> </tr> </thead> <tbody> <tr> <td>From</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>To</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat	From								To							
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To																															

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:

Company/organization name	Telephone
Address	Supervisor name
State job title and describe your work.	Length of service

Company/organization name	Telephone
Address	Supervisor name
State job title and describe your work.	Length of service

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) _____