

Tulare County Public Library
Volunteer Application

Visalia Branch Library

Date: _____

Volunteer's Name _____ Home Phone _____

Work phone _____ E-mail Address _____

Address _____ City/Zip _____

CA Drivers License # _____ Expires _____

Age Group (circle) Under 14 14 - 17 18 - 30 over 30 Birthday (Month & day only) _____

Emergency Contact: Name _____ Phone _____

If this is a school or church requirement please provide:

The name of the school or referring agency _____

Total number of hours required _____ *Deadline date* _____

Best time(s) to contact you _____

Please list any interests or experience you think may be helpful. _____

Check areas you may be interested in volunteering at the library:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Adopt-A-Shelf | <input type="checkbox"/> Book sorting (Friends' Book Sales) | <input type="checkbox"/> Children's area | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Mending books | <input type="checkbox"/> Shelving and straightening books | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Literacy tutor |
| <input type="checkbox"/> Homebound Program (please provide information on the back) | | | |

Day(s) Available - Tues. Wed. Thurs. Fri. Sat.

Time(s) Available - mornings afternoons evenings

(Individual, flexible schedules will be arranged between the volunteer and the library, based on library needs and volunteer availability)

Do you have a physical or mental condition that may require accommodations? No Yes

If yes, please list and describe briefly _____

Have you ever been convicted of a criminal offense other than a minor traffic violation? No Yes

If so, list the offence(s) and the year(s) _____

(You must complete this section to be considered for a position - convictions are evaluated for each position and are not necessarily disqualifying.)

I attest the statements made are true and complete to the best of my ability.

Volunteer Signature _____ Date _____

Volunteers under 18 must have a parent's or guardian's signature.

Parent or Guardian signature, if under 18 _____

Application Approved by _____ Date _____

If you are interested in volunteering for the homebound program (book delivery to homebound patrons) please fill out this section also.

Homebound Program

Automobile Identification (make, year) _____

Proof of Insurance: Company Name _____

Policy # _____

Date coverage effective to: _____

Preferences in Reading –

Fiction _____

Non – Fiction _____

Other -

Magazines (or?) _____
