

CONFIDENTIAL WHEN COMPLETED

DELRAY BEACH PUBLIC LIBRARY

100 West Atlantic Avenue, Delray Beach, FL 33444 (561) 266-0194 or (561) 266-9490

E-mail: *bonnie.stelzer@delraylibrary.org*

VOLUNTEER APPLICATION

PLEASE PRINT

Today's Date: _____
(Month/Day)

PERSONAL

Name: _____

Date of Birth: _____
(Month/Day/Year)

Address: _____

City: _____ State: _____ Zip: _____

Telephone :(Day) _____ (Evening) _____ (E-Mail) _____

Status: Retired [] Student [] Employed [] Unemployed [] Other [] _____

Emergency contact: Name: _____ Relationship: _____

Phone: _____

Do you have any physical limitations? _____ Describe: _____

References: Please list the name, address and telephone number of two references (not living with you)

1) _____

2) _____

How did you find out about our need for volunteers? (Circle all that apply)

Library staff / Volunteer / Donor / Radio / Newspaper (Name) _____

Other: _____

Have you ever plead guilty or plead no contest or been found guilty of a felony or first degree misdemeanor? No [] Yes [] (If "Yes," please describe in full. Use reverse side if necessary.)

AREAS OF INTEREST: (Please check all areas of interest for Volunteer work with the Library)

- Adult Program Assistant Art Exhibit Assistant Audio Visual/Technical Assistant**
Book Group Leader Clerical Assistant Computer Monitor
Computer Workshop Assistant Homework Helper Information Desk/Tour Guides
Mailings/Newspaper Clippings Non-Fiction & Reference Shelving Program Presenter
Public Relations/Newsletter Assistant Teen Program Assistant
Other _____

PLEASE CIRCLE ALL AREAS OF KNOWLEDGE:

- Calligraphy Computer Skills Foreign Language Skills**
Fundraising Graphic Arts Grants Writing
Musical Skills Photography Special Events
Other _____

VOLUNTEER EXPERIENCE:

Please describe briefly any previous volunteer experience, indicating the organization(s), time spent and type of work you performed.

Organization: _____

Organization: _____

WORK EXPERIENCE:

Please describe any work experience that you feel could benefit the Library:

AVAILABILITY

Time(s) available to volunteer – four hour periods are preferred but not mandatory (please check):

	MON	TUE	WED	THU	FRI	SAT	SUN
9:00AM – 1:00PM							XXXX
1:00PM – 5:00PM							
5:00PM – 8:00PM				XXXX	XXXX	XXXX	XXXX

Work on a “Will Call” basis []

Number of days a month you are available? _____

When can you start? _____

Year-round resident? Yes [] No []

Living here temporarily? Yes [] No []

Please Explain: _____

I understand The Library depends on volunteers who can be counted upon to honor their commitment in a professional manner. Should unforeseen events interfere with my ability to honor my commitment, I will promptly notify The Library (561) 266-0194 or our Volunteer Office at (561) 266-9490. I authorize reference and background investigation checks of all statements contained in this volunteer application. I also understand that misleading or omitted information herein may result in dismissal.

(Signature of Volunteer)

(Date)

(Parents of Juveniles)

(Date)

Interviewed by: _____

(Date)