



Volunteer Application

201 S. Center St., Marion, Texas 78124 | (830) 420-4022
mcommunitylibrary@gmail.com | www.mariontxcommunitylibrary.com

Applicant's Name: _____ Date of Birth: ____/____/____
(Last) (First) (Middle Int.)

Physical Residence Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from residence): _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____

Identification Number: _____ Type of I.D.: _____ State Issued By: _____

Expiration Date: _____

Have you ever been convicted of a criminal offense other than minor traffic violations? YES NO

REFERENCES (Personal or Professional):

1. Name: _____ Phone Number: _____ Relation: _____

2. Name: _____ Phone Number: _____ Relation: _____

EDUCATION:

1. School Attended: _____ Years Completed: ____ Degree/Diploma:

2. School Attended: _____ Years Completed: ____ Degree/Diploma:

3. School Attended: _____ Years Completed: ____ Degree/Diploma:

Are you currently: EMPLOYED IN SCHOOL RETIRED

EMERGENCY CONTACT:

Name: _____ Phone Number: _____ Relation: _____

Do you have any conditions or physical limitations that will require special arrangements or that would restrict the types of activities or tasks you could perform? _____

Are there any skills, training, certifications you wish to utilize while volunteering?

List any foreign language that you are skilled in and check the box that best describes your ability.

- | | | | |
|----------|--------------------------------|--------------------------------|--------------------------------|
| 1. _____ | SPEAK <input type="checkbox"/> | WRITE <input type="checkbox"/> | TEACH <input type="checkbox"/> |
| 2. _____ | SPEAK <input type="checkbox"/> | WRITE <input type="checkbox"/> | TEACH <input type="checkbox"/> |
| 3. _____ | SPEAK <input type="checkbox"/> | WRITE <input type="checkbox"/> | TEACH <input type="checkbox"/> |

VOLUNTEER INTERESTS (Check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> <i>Programs - Children</i> | <input type="checkbox"/> <i>Building Maintenance - Water Plants</i> | <input type="checkbox"/> <i>Material Repair</i> |
| <input type="checkbox"/> <i>Programs - Teen</i> | <input type="checkbox"/> <i>Building Maintenance - Dust/Vacuum/Trash</i> | <input type="checkbox"/> <i>Check In/Out Materials</i> |
| <input type="checkbox"/> <i>Programs - Adult</i> | <input type="checkbox"/> <i>Material Management - Shelving Books</i> | <input type="checkbox"/> <i>Seasonal Decorating</i> |
| <input type="checkbox"/> <i>Programs - All Ages</i> | <input type="checkbox"/> <i>Material Management - Shelf Reading</i> | <input type="checkbox"/> <i>Digital Design (Flyers)</i> |

AVAILABILITY:

	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<i>A.M.</i>	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
<i>P.M.</i>	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

What type of work situations would you prefer to be in (check all that apply):

- Working with the public.*
- Working individually.*
- Working with a group of volunteers.*
- Working with a specific volunteer and/or staff member. List their name: _____*



I certify that all statements I have made on this application are true and correct. I understand that my failure to answer all questions asked by this application, or falsification of any statement made herein, may result in the rejection of my application. I hereby authorize Marion Community Library to investigate the accuracy of this information. I am aware that fingerprinting and/or a background check may be required before placement in some volunteer assignments. I expressly request references who may have information concerning me, to furnish such information to Marion Community Library, and agree to hold them harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information. I understand that either I or Marion Community Library may terminate my at-will, volunteer service at any time with or without cause or notice.

X _____ Date: ____/____/____
(Signature of Applicant)

****Parent or guardian consent required if applicant is under 18 years of age.****

X _____ Date: ____/____/____
(Signature of Parent/Guardian)