Volunteer Application

201 S. Center St., Marion, Texas 78124 | (830) 420-4022
Email to: mcommunitylibrary.liaison@gmail.com
Website: 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*** ☐

Are you currently: ***EMPLOYED*** ☐ ***UNEMPLOYED*** ☐ ***IN SCHOOL*** ☐ ***RETIRED*** ☐

EMERGENCY CONTACTS:

Name: _____ *Phone Number:* _____ *Relation:* _____

Name: _____ *Phone Number:* _____ *Relation:* _____

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*** ☐ ***WRITE*** ☐ ***TEACH*** ☐
2. _____ ***SPEAK*** ☐ ***WRITE*** ☐ ***TEACH*** ☐
3. _____ ***SPEAK*** ☐ ***WRITE*** ☐ ***TEACH*** ☐

VOLUNTEER INTERESTS (Check all that apply):

- ☐ *Programs - Children*
- ☐ *Programs - Teen*
- ☐ *Programs - Adult*
- ☐ *Programs - All Ages*
- ☐ *Building Maintenance - Water Plants*
- ☐ *Building Maintenance - Dust/Vacuum/Trash*
- ☐ *Material Management - Shelving Books*
- ☐ *Material Management - Shelf Reading*
- ☐ *Material Repair*
- ☐ *Check In/Out Materials*
- ☐ *Seasonal Decorating*
- ☐ *Digital Design (Flyers)*

AVAILABILITY:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
A.M.	____ *to* ____	____ *to* ____	____ *to* ____	____ *to* ____	____ *to* ____	____ *to* ____
P.M.	____ *to* ____	____ *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 understand that the library is not responsible for injuries or lost personal items while they are volunteering.

I am aware that a background check is required before placement in volunteer assignments. 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.

I acknowledge that I am responsible for payment of my background check(s), made payable to the Marion Community Library Association.

X_____ X_____ Date: ____/____/_____

(Printed Name of Applicant) (Signature of Applicant)

FOR STAFF USE ONLY:

Date Application Received: _____

Date Background Check Submitted: _____ Passed? YES or NO

Orientation Completion Date: _____