

Huron Public Library Volunteer Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. We are an equal opportunity employer.

Please Print

Volunteer activity of interest:	Date of Application

How Did You Learn About Us?

<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Relative	<input type="checkbox"/> Other
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Last Name	First	Middle
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Address	City	State	Zip
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Telephone Number(s)	Best time to contact you at home is:
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am/pm

YES

NO

Do any of your friends or relatives work here?		
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If yes, state name, relationship and location

If you have a disability, what accommodations would you need to do volunteer work?
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Days available to volunteer:

(Please Circle) Monday Tuesday Wednesday Thursday Friday Saturday

Times available to volunteer:

(Please Circle) Mornings Afternoons Evenings

How many hours per month would you be available to volunteer?

Have you been convicted of a crime in the last seven (7) years?		
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If yes, please explain.

What skills, training or knowledge do you wish to utilize?
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SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> PC	<input type="checkbox"/> Calculator	<input type="checkbox"/> Publisher	<input type="checkbox"/> Copier
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<input type="checkbox"/> Typewriter	<input type="checkbox"/> Digital Camera	<input type="checkbox"/> Power Point	<input type="checkbox"/> Calculator
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<input type="checkbox"/> Fax	<input type="checkbox"/> Word	<input type="checkbox"/> Web Editing software	
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PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Relationship
1.			
2.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for volunteering as may be necessary in arriving at a decision.

I agree to a criminal record check including fingerprinting, a motor vehicle record check and provision of proof of car insurance if requested.

In the event of being accepted as a volunteer, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date
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Signature of Parent if under the age of 18	Date
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