

## WASHINGTON COUNTY LIBRARY AGES 18+ VOLUNTEER APPLICATION

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Home Address: \_\_\_\_\_

Apartment or Unit Number: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pronouns: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Preferred Library Branch: \_\_\_\_\_

**If you are 18 years of age or over, have you ever been convicted for a violation of the law other than a minor traffic ticket?**

NO \_\_\_\_\_ YES \_\_\_\_\_

(If YES, provide details on a separate sheet attached to this application)

### Time Commitment

**Please indicate how long you would like to commit to the library. Special projects may be available for less than a 6-month commitment.**

Less than 6 months \_\_\_\_\_ 6-12 months \_\_\_\_\_ Community service \_\_\_\_\_

When are you available? Please mark all that apply.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Morning</b> 9:30-12:00	Closed						
<b>Afternoon</b> 12:00-5:00							
<b>Evening</b> 5:00-8:00	Closed					Closed	Closed

**Experience**

List past work experience (including volunteer work.) Highlight any experience that you feel might be applicable to library work.

List other skills and special knowledge or education you have which might be beneficial to the library.

How do you feel volunteering fits with the library mission: “Inspire curiosity. Champion innovation. Spark opportunity.”?

Do you have a medical condition or mobility restriction that would limit your ability to perform certain tasks without reasonable accommodation?

YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please explain.)

## References

Please list two employers, supervisors, teachers, or other non-relatives we may contact for a reference.

Name	Occupation	Phone

Washington County will not discriminate against or harass any volunteer because of race, creed, religion, national origin, sex, mental or physical disability, age, marital status, or status with regard to public assistance, sexual orientation, familial status, or politics.

*I certify that all statements made on this application are true, complete, and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application will disqualify me from selection or result in dismissal.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Tennessee Warning for Volunteers

This application is to assist in the process of referring you to the Washington County Library for a possible position as a volunteer. Certain information requested on the application is private, that is, it may be released only to you or the Washington County Library.

Private Data Requested	Why we ask for Private Data and what we do with it
<b>Name</b>	To distinguish you from all other applicants. Failure to provide information may be cause for rejecting an application.
<b>Street Address</b>	To be able to send you notices. Failure to provide information may be cause for rejecting an application.
<b>Telephone Numbers</b>	To be able to contact you to determine your availability for an interview. Failure to provide information may be cause for rejecting an application.
<b>Conviction Record</b>	To determine whether we may legally accept an application from you. To determine whether your record may be a job-related conviction.