



Application for Library Volunteer

Springfield-Greene County Library District
P.O. Box 760, Springfield, MO 65801, 417-883-5366

For Office Use Only

Human Resources _____
Background Check _____
Placement Location _____
Placement Date _____

THE MISSION of the Springfield-Greene County Library District's volunteers is to provide assistance to the staff in every area of operations while also providing quality customer service to the patrons in a professional manner.

Prospective volunteers will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status. Submitting an application does not guarantee placement as a Library volunteer. Incomplete applications will not be considered for review.

Last name _____ First _____ Middle _____

Street address _____

City, State, Zip _____

Home phone _____ Alternate phone _____

E-mail address _____

Are you at least 14 years old? Yes No

Have you volunteered for the Library previously? Yes No

Are you interested in long-term or short-term volunteer work?

Long-term Short-term How long? _____

Please check those days and times you are available to volunteer:

- Monday Morning Afternoon Evening
- Tuesday Morning Afternoon Evening
- Wednesday Morning Afternoon Evening
- Thursday Morning Afternoon Evening
- Friday Morning Afternoon Evening
- Saturday Morning Afternoon Evening
- Sunday Morning Afternoon Evening

How many hours are you available to work each week? _____

At which library branch do you wish to volunteer? (check all that apply)

- Library Center Library Station Brentwood Branch
- Midtown Carnegie Branch Outreach/Bookmobile Ash Grove Branch
- Fair Grove Branch Republic Branch Willard Branch

Are you able to stand for long periods of time? Yes No

How much are you capable of lifting? 10 lbs. 20 lbs. 40 lbs.

What skills and interests are you willing to share through volunteer service? (check all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> alphabetizing | <input type="checkbox"/> calligraphy | <input type="checkbox"/> cashier | <input type="checkbox"/> database |
| <input type="checkbox"/> driving/delivery | <input type="checkbox"/> e-mail | <input type="checkbox"/> filing | <input type="checkbox"/> foreign language |
| <input type="checkbox"/> graphic arts | <input type="checkbox"/> journalism | <input type="checkbox"/> keyboard | <input type="checkbox"/> mailings |
| <input type="checkbox"/> mending | <input type="checkbox"/> photocopying | <input type="checkbox"/> photography | <input type="checkbox"/> public relations |
| <input type="checkbox"/> research | <input type="checkbox"/> retail | <input type="checkbox"/> sign language | <input type="checkbox"/> spreadsheet |
| <input type="checkbox"/> storytelling | <input type="checkbox"/> word processing | | |
| <input type="checkbox"/> other (please specify) _____ | | | |
-

Emergency Contact Information

Name _____ Phone _____

Relationship _____ Physician (optional) _____

List three references, other than relatives or significant others, whom you have known at least one year:

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

3. Name _____ Phone _____

Address _____

Have you been convicted of a felony in the past seven years?

Yes No If yes, please elaborate _____

I, _____, give permission for the Springfield-Greene County Library District to perform a check of my background, including criminal and driving records, past employment and volunteerism, references and education.

I understand that I do not have to consent to this background check, however refusal to do so may exclude me from consideration for certain volunteer positions. I understand that information collected during this background check will be limited to what is appropriate for the volunteer position that I am being considered for and all information during the check will be kept confidential.

I certify that I have answered and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Springfield-Greene County Library District and that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

Signature _____ Date _____