



Volunteer Application

Please print clearly and complete all sections. Applicants must be at least 18 years of age.

Date: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Library Preference: Cedaredge Crawford Delta
 Hotchkiss Paonia Literacy

How long do you wish to volunteer at the library?

Less than a month Less than 6 months More than 6 months For special events

Days/Times Available: _____ Hours/Week: _____

Highest Level of Education Completed: _____

Degree or Area of Study: _____

Work Experience (*include volunteer and military service*)

Last or present position:

Employer: _____ Position: _____ City & State: _____

Previous position:

Employer: _____ Position: _____ City & State: _____

Personal References (*not present employer or relative*)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Have you ever been convicted of or pled guilty to a felony? (*Please check one.*) No Yes
If yes, please give date, place, and nature of the charge for which you were convicted.

In case of emergency, please contact: _____

Phone: _____ Relationship: _____

Please sign below when you have read and understood all statements.

I certify that all statements made in this Volunteer Application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release Delta County Public Library District from any liability for supplying such information.

I understand that the Delta County Public Library District reserves the right to screen volunteers and will not accept as a volunteer anyone who would jeopardize any aspect of library service or safety of library staff and patrons.

I agree to give prior notification to the Library if I cannot keep my scheduled date and time of service.

I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the Delta County Public Library District.

I understand that by volunteering, I am not guaranteed any special consideration for any future permanent job positions with the Delta County Public Library District.

Applicant Signature: _____ **Date:** _____

Library Office Use Only - Managers must complete this section before accepting volunteer's service.

Interview Date: _____

Interview Comments: _____

References Confirmed/Comments: _____

Volunteer Assignment: _____