



P.O. BOX 400 SCAPPOOSE, OREGON 97056

Volunteer Application

Date: _____

CONTACT INFORMATION

Name: _____

E-mail: _____

Mailing Address: _____

City/State: _____ Zip: _____

Phone Number: _____

Cell Number: _____

Preferred method of contact: _____

EXPERIENCE

- I have never volunteered
- I have volunteer experience

SPECIAL SKILLS & INTERESTS: To help us offer you the best volunteer experience, please tell us why you wish to volunteer at the library. Be sure to note any special skills or interests you have.

AVAILABILITY:

What days and times are you available? _____

What date can you start? _____

How many hours per week would you like to volunteer at the library? _____

Check the jobs below that interest you:

- Shelving** (Shelving books, magazines, and other materials, putting shelves in order)
- Shelf Reading** (Using list, organize and keep shelves in order by Dewey Decimal)
- Cleaning** (Dusting, washing woodwork, counters and tables, cleaning glass doors and windows)
- Summer Reading** (Helping with various activities for youth throughout the summer)
- Special Projects** (Throughout the year as needs arise)
- Teen Events** (Helping with teen gaming, movie and other programs)

Volunteers are required to be 15 years of age or older.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library Volunteer Coordinator or Director as soon as possible. I agree to follow all Library and Volunteer policies and procedures and I understand that while working as a volunteer, I will positively represent the Library. I understand that in my capacity as a volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

Print Name: _____

Signature: _____ Date: _____