

VOLUNTEER APPLICATION



Date of Application _____

NAME _____ BIRTHDATE _____

EMAIL _____ *Check preferred*

PHONE _____ *contact method.*

ADDRESS _____

Why do you want to volunteer at KCPL?

What types of volunteer duties are you willing and able to do? Please check all that apply.

- Shelving** - return books and other materials to the correct places on the shelves
If checked, which areas interest you? **Children's Collection** **Adult Collection**
- Shelf reading** - review shelves, locate items that are out of order, etc.
- Physical work** - set up tables & chairs, move books/boxes, etc.
- Program prep work** - cut out items for crafts, hang fliers, etc.
- Cleaning** - sanitize toys, dust shelves, clean book covers, etc.
- Special events** - help with projects/crafts, help set up for programs, etc.

Please describe any specialized skills or interests and how they could be used as a KCPL volunteer.

What time commitment can you make to volunteering?

- Regular Weekly Schedule** - I'm available every week on the same day/time.
- As Needed & Available** - Please contact me when help is needed for special events or projects.

If you are interested in a regular weekly schedule, please list your preferred days and times.

1st Choice _____

2nd Choice _____

3rd Choice _____

Where would you like to volunteer? Chestertown North County Rock Hall

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Please describe any recent experience volunteering for other organizations or working in a paid position. Include the name of the organization and a brief description of your duties.

Is there anything else you'd like to tell us about why you'd be an excellent volunteer?

In order for your application to be processed, please read and sign below.

All statements made in this application are true and I give KCPL permission to investigate any information provided. I understand that any false statements or misrepresentations on this application could result in refusal of placement or immediate dismissal at any time during the period of my placement.

I understand that a background check may be required as part of the volunteer application process and am willing to provide additional information if required.

Applicant Signature

Date

Parent/Guardian Signature (if applicant is under 18 years of age)

Date

STAFF USE ONLY ____ Teen ____ Adult

Background Check: ____ Date Initiated ____ Date Completed

Application: ____ Approved ____ Denied