

VOLUNTEER APPLICATION

Thank you for your interest in volunteering at the Provo City Library! After you complete this form, it will be sent to the Provo City Human Resources Department for a required background check. This process can take a few weeks for completion. Once we've received your clearance, we'll contact you about opportunities and times to serve.



PLEASE NOTE:

- Volunteering at the Provo Library **CANNOT** be used for court-appointed community service hours.
- You must be **14 years of age or older** to volunteer at the Library; those under 18 require signed permission from a parent/guardian.

Name: _____ Date of birth: _____

Local address: _____

City, State, zip: _____

Email: _____ Phone: _____

If you're a student, what school do you attend? _____

Where in the Library would you like to work? (check all that apply)

- Circulation Teen and Adult Services Department Special Events
 Technical Services Children's Department Any

Please mark the days and times when you are available:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
10:00 AM - 12:00 NOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 NOON - 2:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 PM - 4:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00 PM - 6:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00 PM - 8:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you speak a foreign language? _____

Previous volunteer experience: _____

Previous work experience: _____

If you are over 55, are you interested in the Retired and Senior Volunteer Program information? yes no

PERSONAL REFERENCES

1. Name: _____
 Relationship: _____
 City, State: _____
 Phone: _____

2. Name: _____
 Relationship: _____
 City, State: _____
 Phone: _____

Emergency Contact:

1. Name: _____
 City, State: _____

Relationship: _____
 Phone: _____

I verify that all the above information is correct.

Signature _____ Date _____