

# Volunteer Application



Thank you for your interest in volunteering at the Strathmore Municipal Library. Please complete application and return to library staff. The Volunteer Coordinator will contact you when a volunteer opportunity is available.

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City Postal Code

Telephone: \_\_\_\_\_  
Daytime Evening

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Telephone

If you are under 18, what is your birth date? \_\_\_\_\_  
Month Year

Is this volunteer request to complete service hours?  Yes  No

Please indicate type of service hours needed:

Community Service  School  Youth Organization  Other

How many hours are you required to complete? \_\_\_\_\_

What is the due date for completion of required hours? \_\_\_\_\_

Why are you interested in becoming a library volunteer?

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Have you volunteered before?  Yes  No

If yes, where and what types of duties did you perform?

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Please provide a numbered rating of ALL areas of interest (begin with #1 as the area you are MOST interested in):

\_\_\_ Children | \_\_\_ Teens | \_\_\_ Adults | \_\_\_ Seniors | \_\_\_ Crafting | \_\_\_ Tutoring | \_\_\_ Technology |  
\_\_\_ Story Telling | \_\_\_ Book Deliveries | \_\_\_ Organizing | \_\_\_ Cleaning | \_\_\_ Shelving Items | \_\_\_ ESL  
\_\_\_ Other (Please describe): \_\_\_\_\_

Do you have any other skills or talents you would be willing to share with us for library projects or special programs (such as painting, drawing, gardening, computer skills, etc.)? \_\_\_\_\_

Do you have any physical limitations that might exclude you from performing activities such as bending, stretching, climbing on step stools, carrying boxes or sitting for long periods?  Yes  No

Please indicate your preference for day of volunteer service: (check all that apply)

Mon  Tue  Wed  Thurs  Fri  Sat

Weekly  Monthly  On call/on occasion (ie. Special programming)

Please indicate your preference for time of day:  Morning  Afternoon  Evening

If weekly, please indicate your preferred time commitment:

1-2 hrs/wk  3-5 hrs/wk  6+ hrs/wk

By signing below, I acknowledge my volunteer job performance may be evaluated periodically.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, parent/guardian's signature required here: \_\_\_\_\_

For Office Use Only

Date Placed: \_\_\_\_\_ Orientation \_\_\_\_\_

Volunteering Placement:

General Library Assistance  Programming  Visiting Library  SAIL

Notes:

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