

Volunteer Application



www.library.pima.gov

TODAY'S DATE: _____

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Daytime Phone	
E-Mail Address	

Are You Under the Age of 18? If yes, provide birthdate and parent signature.	
Date of birth	
Parent Signature	

Availability
Libraries have opportunities 7 days a week. Please see the library website for individual branch hours.
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
From _____am/pm to _____am/pm ** Hours per week you would like to volunteer _____
At which branch(es) are you willing to volunteer? _____

Purpose
Why do you want to volunteer at the library?

Court ordered
Are you volunteering to fulfill court-ordered community service? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please go to www.volunteersoaz.org for other volunteer opportunities.

Volunteer Opportunities
Please list your volunteer interests.

Volunteer Application

Special Skills or Qualifications

Summarize special skills, qualifications and language skills you have gained from employment, previous volunteer work, education, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Have you volunteered before in a library or at any other organizations? Please describe your experience.

Computer Experience

Please describe your experience.

Emergency Contact Information

Name: _____	Relation: _____
Phone: _____	Alternate Phone: _____
Address: _____	

(FOR LIBRARY USE ONLY)

Interviewer: _____

Date: _____

Placement: _____

Start Date: _____

Other Notes: