VOLUNTEER APPLICATION

Please note that volunteers must be a minimum of 15 years of age.

Thank you for your interest in volunteering at the St. Helens Public Library!

Please provide the following information: Name: Street Address: City, State and Zip: _____ Mailing Address (if different): City, State and Zip: Phone Number: Email address: May the Library contact you by email regarding your application? Yes \square No \square PART 1 How long do you anticipate being available to volunteer? □ 3 Months □ 6 Months □ 1 Year □ On-going □ Other _____ Which days / hours would you be being available for volunteer service?

Name:	

PART 2

Please provide the following information (use page 4 if more space is needed):
To help the Library get to know you better, please list some activities that you have experienced and enjoyed:
Briefly summarize your educational background:
Why do you want to volunteer at the St. Helens Public Library?
Have you volunteered at a library or other organization before? Yes No If yes, please describe your experience (i.e. how long, reason for leaving, etc.):

Name:
Have you ever been convicted of a crime? \square Yes \square No If yes, please give the date, nature of the offense(s) and disposition (do not include traffic violations or sealed and / or annulled cases):
PART 3
I certify that I have answered truthfully and have not knowingly withheld information relative to my application. I agree and understand that any misrepresentation or omission that becomes known to the St. Helens Public Library may result in immediate dismissal. I acknowledge that if I am selected to volunteer it will be without compensation or the promise of future employment or compensation.
Signature: Date:
Please submit completed application to:

Volunteer Coordinator St. Helens Public Library 375 South 18th Street, Suite A St. Helens, Oregon 97051

Name: