**VOLUNTEER APPLICATION Date of Application \_\_\_\_\_\_\_\_\_\_\_\_**

NAME Click or tap here to enter text.

EMAIL Click or tap here to enter text.

PHONE Click or tap here to enter text.

ADDRESS Click or tap here to enter text.

Please contact me by: email phone

**I am  Over 18**  **Under 18** If under 18, what is your age? \_\_\_\_\_\_

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

**Shelving** **& Shelf reading**– return items to the correct places on the shelves, locate items that are out of order, etc. If checked, which collections interest you?  **Children  Teen  Adult**

**Physical work** – set up tables & chairs, move books/boxes, etc.

**Cleaning** – sanitize toys, dust shelves, clean book covers, etc.

**Program prep work** – cut out items for crafts, hang fliers, etc.

**Program support** – assist with facilitating programs, oversee a program craft, etc.

If checked, which ages interest you?  **Children  Teen  Adult**

**Special events** – help with projects/crafts, help set up for programs, etc.  
 **Other** – special projects, occasional needs, etc.

**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 ChoiceClick or tap here to enter text.

2nd Choice Click or tap here to enter text.

3rd Choice Click or tap here to enter text.

**Where would you like to volunteer?** ChestertownNorth County (Galena)Rock Hall

**Why do you want to volunteer at KCPL?**

Click or tap here to enter text.

**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.**

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

**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, omissions, 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.

I have read KCPL’s Volunteer Policy and understand the scope of the volunteer position.

Applicant Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**If the applicant is under 18, a parent or guardian must complete the following section.**

I acknowledge that I have read KCPL’s Volunteer Policy.

I acknowledge that I have read the volunteer position description.

I give permission for my child to fulfill the duties of the position while volunteering at KCPL.

Parent/Guardian Printed Name: Click or tap here to enter text.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

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| --- | --- | --- | --- |
| ***STAFF USE ONLY*** |  |  |  |
| Application | Date Received \_\_\_\_\_\_\_\_ | Reviewed By \_\_\_\_\_\_\_\_ |  |
| Background Check | Required? **c yes c no** | Date Initiated \_\_\_\_\_\_\_\_ | Date Completed \_\_\_\_\_\_\_\_ |
| Volunteer | Approved? **c yes c no** |  |  |