



# Osceola Public Library Volunteer Application

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

## Employment

Current Employer, if applicable (not required):

Position/Title \_\_\_\_\_

Company/Employer \_\_\_\_\_

Address of employer \_\_\_\_\_

Would you like us to keep your employer abreast of your volunteer service and achievements?

Yes

No

**Emergency contact required (if under 18, please list a contact other than a parent).**

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to volunteer \_\_\_\_\_

Doctor name and Number \_\_\_\_\_



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## **SKILLS & EXPERIENCE**

Special training, skills and hobbies:

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Why do you want to volunteer at Osceola Public Library? [Or, what do you want to gain from this volunteer experience?]

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Which of the following skills do you possess? (If you are unsure about one, write a question mark in the box)

- |   |  |
|---|--|
| <input type="checkbox"/> Using a database | <input type="checkbox"/> Data entry                            |
| <input type="checkbox"/> Excel            | <input type="checkbox"/> Word                                  |
| <input type="checkbox"/> PowerPoint       | <input type="checkbox"/> Assisting individuals with technology |

## **Availability**

Please mark which time preferences/days you are available to volunteer:

Time preference:

- Mornings       Afternoons       Evenings

Days:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Saturday |



# Osceola Public Library Volunteer Application

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Osceola Public Library that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Osceola Public Library. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Osceola Public Library or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_