

# Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best Way to Contact:  Phone  Text  Email

Volunteer Experience: \_\_\_\_\_

Interests and Skills: \_\_\_\_\_

Your Availability: Please indicate the times that you can volunteer during the week:

Wednesday:

Friday:

Thursday:

Saturday:

Within the past seven years, have you been convicted of a crime?  Yes  No

I certify that all answers or statements I have made on this application are true and correct without omission. I authorize Weller Public Library to contact any organization or party necessary to obtain information regarding my previous experience, I release Weller Public Library from all claims and liabilities of any nature arising from such investigations or the supplying of information for such investigations.

In expressing an interest in a volunteer assignment, I give permission for Weller Public Library to conduct one or more criminal history background checks on me through the Washington State Patrol or an equivalent inquiry to a federal law enforcement agency. This background check is in compliance with the Child/Adult Abuse Information Act.

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(if volunteer is under age 18)

Thank you for your interest in volunteering with the Weller Public Library.

