

# Volunteer Application | Pine Bluff-Jefferson County Library System

Please return completed form to any of our library branches or mail to:

Volunteer Services, 200 E 8<sup>th</sup> Ave., 71601

**Incomplete applications will not be accepted.**

## Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Best way to contact you:       Home Phone    Cell phone       Email

Date of birth \_\_\_\_\_

Gender:       M       F

## Educational Background

### High School

High school diploma or GED?    Yes       No

If No, what was the last grade completed? \_\_\_\_\_

### Undergraduate/Graduate Studies

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## Reason for Volunteering

Why are you interested in volunteering at the library?

Community involvement    Work experience    School service hours

Corporate volunteer program    Ordered by courts/probation    Internship (enrolled in college courses)

Other \_\_\_\_\_

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## Background Information

Are you willing to undergo a criminal records check if required?  Yes  No

Have you previously been convicted of a crime?  Yes  No

If yes, list the police agency, crime charges, date of arrest and disposition of case \_\_\_\_\_

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## Availability

How long are you available to volunteer?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Three months                | <input type="checkbox"/> One year    |
| <input type="checkbox"/> Six months                  | <input type="checkbox"/> Ongoing     |
| <input type="checkbox"/> Nine months (a school year) | <input type="checkbox"/> Other _____ |

## Library Locations / Departments

Where would you like to volunteer?

Check the location(s) or department(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Main Library                | <input type="checkbox"/> Watson Chapel Library    |
| <input type="checkbox"/> White Hall Library          | <input type="checkbox"/> Redfield Library         |
| <input type="checkbox"/> Alzheimer Library           | <input type="checkbox"/> Children's/Teens Library |
| <input type="checkbox"/> Reference Library/Genealogy |   |

## Skills and Experience

Tell us about your skills and library experience.

Skills:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Advanced computer skills | <input type="checkbox"/> Basic computer skills | <input type="checkbox"/> Clerical skills    |
| <input type="checkbox"/> Arts & Crafts            | <input type="checkbox"/> Event management      | <input type="checkbox"/> Group facilitation |
| <input type="checkbox"/> Mending or bookmaking    | <input type="checkbox"/> Working with children | <input type="checkbox"/> Public speaking    |
| <input type="checkbox"/> Teaching experience      | <input type="checkbox"/> Other _____           |   |

Library experience:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Checking in books | <input type="checkbox"/> Computer assistance | <input type="checkbox"/> Instructing classes |
| <input type="checkbox"/> Shelving books    | <input type="checkbox"/> Program assistance  | <input type="checkbox"/> Reference           |
| <input type="checkbox"/> Other _____       |  |  |



## Volunteer Agreement

Pine Bluff-Jefferson County Library System (PBJCLS) compares the skills of the applicant to those skills needed to fulfill current volunteer position descriptions. Placement is made based on the recommendation of the volunteer staff and the applicant's prospective supervisor, and the willingness of the applicant to perform the required duties at the times needed by the library.

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission on the application will result in my being eliminated from further consideration. I also understand that, if I am accepted, any misrepresentation on my application or in an interview that becomes known to PBJCLS may result in immediate dismissal.

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give PBJCLS's representative any relevant information regarding my previous volunteering, employment and job performance.

I agree to abide by existing and future instruction, rules and policies of PBJCLS. I understand that my position can be terminated at any time, at the discretion of PBJCLS or myself.

I agree that I offer my services as a volunteer with no expectation of monetary compensation and that I fully understand that I will be required to attend orientation and department-specific training.

BY SIGNING BELOW I CERTIFY THE TERMS GIVEN ABOVE FOR APPLICATION RELEASE INFORMATION.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parental Consent

*If under 18 years of age, parent/guardian permission is required.*

By signing below, I give permission for this person to participate as a library volunteer.

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Approval date: \_\_\_\_\_