

Ponca City Library



APPLICATION FOR LIBRARY VOLUNTEER SERVICES

Please print clearly and complete each section. If you are under the age of 18 this application requires a parent or guardians signature.

Name: _____ Today's Date: ___ / ___ / ___

Street Address: _____ City: _____ State: ___ Zip: _____

Date of Birth: ___ / ___ / ___ Social Security Number: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email (if applicable): _____

Please Circle all that applies:

What day(s) of the week are you available? _____

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

What time(s) are you available to work?

Mornings: 9:00 a.m. – 1:00 p.m.

Afternoons: 1:00 p.m. – 5:00 p.m.

Evenings: 5:00 p.m. – 9:00 p.m.

How often can you volunteer?

Three time per week

Two times per week

Once per week

Please list the following:

SPECIAL SKILLS OR INTERESTS: (music, art, computers, typing, writing, working with children, etc.)

PREVIOUS VOLUNTEER EXPERIENCE: _____

REFERENCES: Please list three references with phone numbers and indicate how each reference knows you.

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

List below a person to contact in case of an emergency:

Name: _____ Relationship: _____

Address: _____

Phone #'s (Home) _____ (Cell) _____ (Other) _____

Please sign below after you have read and understood all statements on both pages.

- I certify that statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Ponca City Library from any liability for supplying such information.
- I understand that the Ponca City Library reserves the right to screen volunteers and limit the number of volunteers it accepts. I understand that the Library cannot accept any volunteers who would jeopardize any aspect of library services, safety of staff, or patrons.
- I understand that if I am unable to show up for a scheduled time for any reason, I am to notify my library supervisor as soon as possible. Failure to show up or to notify my supervisor may cause my volunteer opportunity to be terminated.
- I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.
- I will not abuse any information or materials I may use or obtain while volunteering.

By signing this application you are giving the Ponca City Library permission to perform a background check.

Applicant's Signature: _____ **Date:** ____/____/____

Parent or Guardian's Signature: _____ **Date:** ____/____/____