



Library Volunteer Application

Date: _____

Last Name: _____ First Name: _____

Residence Address: _____

City _____ State _____ Zip _____

Mailing Address if different: _____

Home phone: _____ Cell phone: _____

Driver's License No. _____ (Please attach a copy of your ID)

Personal email address: _____

Emergency Contact Name: _____

Relationship: _____ Phone (H/C/W): _____

Are you under 18 years of age? _____

Are you related by blood or marriage to any person presently employed by the County of Nevada? If yes, give name, relationship and department in which employed: _____

Highest grade completed: _____ College / Prof Degree: _____

Do you speak a second language? If so, which language? _____

Briefly describe your education and experience in work or volunteer settings.

Do you have experience working in a public area setting? _____

Describe your skills (typing, computer, other) _____

Library Volunteers

BRANCH OF INTEREST: _____ **OR**
MADELYN HELLING LIBRARY COLLABORATIVE TECHNOLOGY (CTC) _____
Submitted and Recommended by (staff): _____

COMMITMENT:

Adult volunteers are requested to commit to a minimum six (6) month volunteer schedule which usually requires one to four hours a month.

OTHER REQUIREMENTS:

Effective May 1, 2010 all volunteers including Book Buddies over the age of 18 are required to be fingerprinted and must receive a cleared status prior to volunteering for Nevada County. The Nevada County Library pays for fingerprinting. Fingerprinting is administered in accordance with the Nevada County fingerprinting process for volunteers.

What type of volunteer work are you interested in doing for the County?

| | | | |
|----------------------------|-------|------------------------|-------|
| Adult programming | _____ | Children's programming | _____ |
| Adult shelving | _____ | Children's shelving | _____ |
| Book check-in | _____ | Fundraising | _____ |
| Book covering | _____ | Grant writing | _____ |
| Book delivery | _____ | Book/Media Cleaning | _____ |
| Book discards | _____ | Media processing | _____ |
| Book packing | _____ | Media repair | _____ |
| Marketing | _____ | Processing books | _____ |
| CTC Teacher (Subject)_____ | | CTC Docent | _____ |

Please note any limitations you may have so that we may ensure your safety while you volunteer your time for the library system. Should your situation change at any time, please update this information with your volunteer coordinator. *Thank you*

Staff Notes: _____

