

Volunteer Application

Bedford Public Library System

321 North Bridge Street

Bedford, VA 24523

(540) 586-8911

Personal Information

Date: _____ / _____ / _____

Name: _____
Last First Middle

Address: _____
Street/Route/Box City

Phone: (____) _____ - _____

Birthdate: _____ / _____ / _____ (You must be at least 12 years old to volunteer)

Emergency Contact Information

Name: _____
Last First Middle

Relation to you (Please circle one): Spouse Parent Other: _____

Address: _____
Street/Route/Box City

Phone: (____) _____ - _____

*Please attach a brief explanation of any medical or personal situations that our staff should be made aware of.

Educational Background

Highest level of education completed (Please circle one):

High school

Some college

Undergrad. degree

Graduate degree

If you have earned any college degrees, please specify below:

Type of Degree	Major	Minor

Work History

Please list the last three jobs/positions you have held.

Company Name	Job Title	Job Duties	Dates (Mo./Yr.) Employed

Skills

Please answer the following questions.

1. Why do you want to volunteer at the library?

2. Are you volunteering in an effort to fulfill a community service requirement (service project for school, church, or court mandated hours)? If so, please name the organization, the number of hours needed for completion, and the date by which you must complete these hours.

3. Do you have any previous library experience? If so, please provide a brief explanation.

4. What life/work skills have you acquired that will help with your work at the library?

5. Do you have any other special skills not mentioned above?

Interests

Would you prefer working: ___ in a public area **or** ___ in a non-public area

Special areas of interest (Please check all that apply):

- | | |
|--------------------------|---------------------------|
| ___ Children's Dept. | ___ Typing |
| ___ Public Service Dept. | ___ Shelf Reading |
| ___ Homebound | ___ Storytime/Programming |
| ___ Book Processing | ___ Computer/Data Entry |
| ___ Filing | ___ General |

Availability

What is the maximum number of hours that you would be willing to work?

___ hours Daily ___ hours Weekly ___ hours Monthly

Please indicate when you are available to work by placing a check in the appropriate box or boxes.

Day of the Week	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

All volunteer positions are subject to availability, and all volunteers will be assigned duties and hours at the staff's discretion. Parents of all volunteers under 18 years of age must show consent by signing this application.

Applicant's Signature

Date

Parent or Legal Guardian's Signature

Date

Please return your completed application to your local library.

Thank you for your interest in our library!