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## Volunteer Application (For Ages 16 & up)

Please print

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Circle highest grade completed:

9 10 11 12 College/Graduate School - Degree(s) completed \_\_\_\_\_

Are you a student? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which school do you attend? \_\_\_\_\_

Current and/or former Occupation \_\_\_\_\_

Employer(s) \_\_\_\_\_

Current and/or former volunteer experience (Location and duties) \_\_\_\_\_

Do you have experience using a computer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

What language(s) other than English do you speak and/or write with fluency? \_\_\_\_\_

What special interests and/or skills do you have that may help us to match you with the best volunteer assignment? \_\_\_\_\_

List two references, other than relatives or significant others:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Years known \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Years known \_\_\_\_\_

**AVAILABILITY:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening						closed	closed

I would like to participate: ( ) Weekly ( ) Monthly ( ) On Request

Have you been convicted of a violation of the law other than minor traffic offenses?

(A conviction record will not necessarily eliminate you from consideration for volunteering; factors such as nature and seriousness of the violation, age at the time of offense, and rehabilitation will be taken into account.)

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, or if you are unsure, please explain, or you can explain in person:

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Is your name on the Sex Offender Registry? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that should investigation disclose any misrepresentation on my application, I may be rejected as an applicant or dismissed as a volunteer.

I understand by submitting this application I will be subject to a background check.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The Marshalltown Public Library will consider this application without regard to age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, marital status, or disability.