

**SEMINOLE COMMUNITY LIBRARY
AT ST. PETERSBURG COLLEGE, SEMINOLE CAMPUS**

VOLUNTEER APPLICATION

Contact Information:

Date: _____

Name: _____

Address: _____
Last First MI
City: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email address: _____

In case of emergency, please indicate at least one party whom we may notify:

Name	Relationship	Phone

Address	City / State	ZIP

Are you at least 18 years of age? Yes No

If you are under 18 years of age, please check here: . A **parent or legal guardian** must sign a Parental Release Form on behalf of a minor.

Education and Experience:

High School or Technical/Trade School:

Name	City / State	Diploma/Certification

College:

Name	City / State	Degree

Current or previous employer: _____
Name City State

Do you have any experience working or volunteering in a library? Yes No

If Yes, please describe: _____

Do you have any experience with computers, printers, copiers, or scanners? Yes No

If Yes, please describe: _____

Availability:

Please check the days and times you would be available:

- | | | |
|--|--|--|
| <input type="checkbox"/> Monday morning | <input type="checkbox"/> Monday afternoon | <input type="checkbox"/> Monday evening |
| <input type="checkbox"/> Tuesday morning | <input type="checkbox"/> Tuesday afternoon | <input type="checkbox"/> Tuesday evening |
| <input type="checkbox"/> Wednesday morning | <input type="checkbox"/> Wednesday afternoon | <input type="checkbox"/> Wednesday evening |
| <input type="checkbox"/> Thursday morning | <input type="checkbox"/> Thursday afternoon | <input type="checkbox"/> Thursday evening |
| <input type="checkbox"/> Friday morning | <input type="checkbox"/> Friday afternoon | |
| <input type="checkbox"/> Saturday morning | <input type="checkbox"/> Saturday afternoon | |
| <input type="checkbox"/> Sunday afternoon | | |

If you are a seasonal resident, please indicate when you would be out of the area:

Physical Requirements and Restrictions:

Are you able to lift at least 15 pounds? Yes No

Do you have any physical limitations you wish to make us aware of: _____

Other Requirements and Restrictions:

If you are a student, are you seeking to do volunteer hours/community service in fulfillment of a graduation requirement at your school?

Yes No

Are you seeking to do community service in fulfillment of a court order due to a legal infraction or offence?

Yes No

If Yes, please provide the following information:

Name of Probation Officer: _____ Phone: _____

Email: _____

If Yes, what is the infraction or offense: _____

Have you ever been convicted , charged with, or had adjudication withheld in a criminal offense other than a minor traffic violation, or are there any criminal charges now pending against you other than a minor traffic violation? Yes No

If yes, please explain:

Volunteer Pledge and Release:

I pledge to perform my assigned duties, follow the directions of my supervisors, meet time commitments, and provide adequate notice so that alternate arrangements can be made in the case of my absence. In signing below, I agree to abide by the Volunteer Policy, the Code of Conduct, and all other policies and procedures of the library. I understand that my service to the library will not create the expectation of receiving any compensation, material benefits, or future employment from the library. This agreement is based upon the mutual understanding that either party may terminate this agreement without notice and without cause.

Furthermore, I do hereby release and forever discharge the City of Seminole, the Seminole Community Library, and any of their employees/volunteers from any and all claims, demands, actions, or rights of action, arising from any injury I may incur while performing volunteer work or any other related activity.

Signature
02/2012

Date