

Volunteer Application



www.library.pima.gov

TODAY'S DATE: _____

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Daytime Phone	
E-Mail Address	

Are You Under the Age of 18? If yes, provide birthdate and parent signature.	
Date of birth	
Parent Signature	

Availability	
Libraries have opportunities 7 days a week. Please see the library website for individual branch hours.	
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Sunday	
From _____ am/pm to _____ am/pm ** Hours per week you would like to volunteer _____	
At which branch(es) are you willing to volunteer? _____	

Purpose	
Why do you want to volunteer at the library?	

Court ordered	
Are you volunteering to fulfill court-ordered community service? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please go to www.volunteersoaz.org for other volunteer opportunities.	

Volunteer Opportunities	
Please list your volunteer interests.	

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Special Skills or Qualifications
Summarize special skills, qualifications and language skills you have gained from employment, previous volunteer work, education, or through other activities, including hobbies or sports.

Previous Volunteer Experience
Have you volunteered before in a library or at any other organizations? Please describe your experience.

Computer Experience
Please describe your experience.

Emergency Contact Information	
Name:	Relation:
Phone:	Alternate Phone:
Address:	

(FOR LIBRARY USE ONLY)

Interviewer: _____ Date: _____

Placement: _____ Start Date: _____

Other Notes: