

VOLUNTEER APPLICATION Corvallis – Benton County Public Library (For Applicants 18 and older)

Yes, I would like to be a library volunteer!	Date:
I WOULD LIKE TO VOLUNTEER AT THE FOLLOWING LIBRAR' □ Corvallis Public Library □ Alsea Commun □ Monroe Community Library □ Philomath Com	nity Library
Name:	Email:
Address: C	City/St/Zip:
Preferred Phone:	Second Phone:
Date of Birth:/ (year of birth is not needed Month / Day) Age: □ 18 - 20 □ 21 or older (Note: If you are 14 to 17 years old, please fill out a STUDENT VOLUNTEER APPLICATION.)
EDUCATION Last grade or degree completed:	
☐ I am currently in school:	
(Please indicate which school, college, or university you are attending) EMPLOYMENT	
\Box I am not employed \Box I am retired \Box I am	employed/self-employed □ I am job-hunting
VOLUNTEER EXPERIENCE ☐ I have never volunteered ☐ I have volunteer experience (please describe):	
SPECIAL INTERESTS List hobbies, interests, activities, clubs, special skills, or la	inguages spoken:
Have you ever been convicted of a crime? (Do not income the second of th	clude any expunged juvenile record.) Yes No
*Criminal convictions do not necessarily disqualify you to considered in relation to specific positions.	from volunteering at the Library, but will be
EMERGENCY CONTACT INFORMATION (REQUIRED):	
Name	Relationship:
Phone(s):	

VOLUNTEER POSITIONS I AM INTERESTED IN (Check all that apply; not all will be available): Visit our website to learn more about each volunteer job: http://cbcpubliclibrary.net. (Click on **Volunteer** under the **ABOUT** tab.) ☐ Adopt-A-Shelf ☐ Teen Programs & Events ☐ Pick Ups ☐ Check-In ☐ Collection Care / Book ☐ Other: ☐ Holds Search Display Assistant ☐ New Book/Holds Shelving ☐ Children's Programs & Events ☐ Public Computer Care **SCHEDULE:** When you are available to volunteer? (Between the hours of 8:00 am and 8:00 pm, M-Th.) Monday Thursday Friday Saturday Day Sunday **Tuesday** Wednesday 1:00 - 5:00 pm **Times** only you are available volunteer Close at 6 pm Close at 6 pm HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM? ☐ Friends/Relatives ☐ Visiting the Library ☐ City of Corvallis website ☐ Other website: _____ ☐ Library Website ☐ Other, please list: _ **PHOTO RELEASE-** Please choose one: ☐ I give permission to publish my photo in printed library materials, websites, newsletters, and marketing publications in association with the Corvallis-Benton County Public Library. ☐ I DO NOT give the Corvallis-Benton County Public Library permission to publish my photo for any reason. I hereby certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I agree and understand that any misstatements or material omissions on the application will result in my being eliminated from further consideration. I understand that, if accepted, any misrepresentation or material omission, which becomes known to the Corvallis-Benton County Public Library, may result in my immediate dismissal. I agree that I will work within my assigned areas of responsibility without any monetary compensation, and be subject to workers' compensation coverage while on the job. I will follow the lawful directions of my assigned supervisor while working for Corvallis-Benton County Public Library and will follow and be bound by the Policies & Procedures of the City of Corvallis to the same extent as paid employees of the City, except Policies & Procedures relating to compensation and benefits, which do not apply to me. Signature: _____ _____ Date: ____

Corvallis-Benton County Public Library Attn: Volunteer Coordinator

Attn: Volunteer Coordinator 645 NW Monroe Avenue Corvallis, OR 97330

Please drop off your Volunteer Application at any public service desk at the Main or Branch Libraries, or mail to: