



New _____

Returning _____

VOLUNTEER APPLICATION

Please print clearly and complete each section

101 S. First St., Alhambra, CA 91801

www.alhambralibrary.org

(626) 570-5008 x. 5651

PERSONAL INFORMATION

Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ Cell _____ Text OK (Y/N)____

You must be at least 14 years of age to volunteer. Volunteers under 18 years of age must have a parent/legal guardian complete the consent section on this application.

Are you 18 years old or older? Yes No

EDUCATION

Circle highest grade completed 8 9 10 11 12

College (please list years and/or degrees) _____

Are you currently a student? Yes No

Which school do you attend? _____

Will your volunteer hours be used to meet school or organization credit? Yes No

VOLUNTEER INFORMATION

Have you volunteered at the Library before? No Yes

When? _____ Dept.? _____

How did you hear about the Library's volunteer program?

Position(s) Applying for :

Please note the skills, abilities, or interests below that are applicable to you:

_____ Previous library work

_____ Typing/word processing

_____ Knowledge of foreign language

_____ List languages : _____

_____ Data processing/computer work

_____ Graphic design/art

_____ Arts & Crafts ability

_____ Teaching/Public Speaking

_____ Publicity/Marketing

Other special interests, skills, abilities, or hobbies:

AVAILABILITY

Please check all times that you are available for an interview:

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|--------|---------|-----------|----------|--------|----------|
| 10:00 am | | | | | | | |
| 11:00 am | | | | | | | |
| 12:00 pm | | | | | | | |
| 1:00 pm | | | | | | | |
| 2:00 pm | | | | | | | |
| 3:00 pm | | | | | | | |
| 4:00 pm | | | | | | | |
| 5:00 pm | | | | | | | |
| 6:00 pm | | | | | | | |
| 7:00 pm | | | | | | | |

BACKGROUND INFORMATION

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?
 Yes No If Yes, please list _____

Note: All volunteers will be fingerprinted by the City of Alhambra. Failure to comply will result in non-placement.

I certify that the statements made in this application are true and correct, and have been given voluntarily, and that any untrue statements given can be grounds for dismissal. I understand that the Alhambra Civic Center Library reserves the right to screen volunteers and does not guarantee placement in a volunteer position. Applications will be kept on file for 6 months if placement does not occur.

Applicant's signature _____ Date _____

PARENT/GUARDIAN CONSENT (for volunteers under age 18)

I give permission for the above applicant to volunteer at the Alhambra Civic Center Library for a maximum of _____ hours per week (two hours minimum) this summer. If you need to contact me, my telephone number is _____.

Parent/Guardian Signature _____ Date _____

**Applications may be submitted in person at the Library during open hours or by mail to:
 Volunteer Coordinator, Alhambra Civic Center Library, 101 S. First St., Alhambra, CA 91801**

LIBRARY USE ONLY

Application received _____ Interview Date _____ Interviewed by _____

Accepted ____Yes ____No Comments: _____

Fingerprints completed: _____ Yes _____ No Date _____

Assignment _____ Orientation Date _____ Start Date _____

Notes: _____