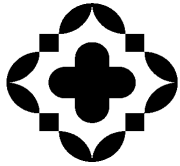


New _____

Returning _____



**Alhambra
Civic Center
Library**

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) _____ Telephone (Cell) _____

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:

- | | |
|--|--|
| <input type="checkbox"/> Previous library work | <input type="checkbox"/> Data processing/computer work |
| <input type="checkbox"/> Typing/word processing | <input type="checkbox"/> Graphic design/art |
| <input type="checkbox"/> Knowledge of foreign language | <input type="checkbox"/> Arts & Crafts ability |
| List languages : _____ | <input type="checkbox"/> Teaching/Public Speaking |
| _____ | <input type="checkbox"/> Publicity/Marketing |

Other special interests, skills, abilities, or hobbies:

AVAILABILITY

Please check all times that you are available for volunteer service: (min. requirement 2 hrs./week)

	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							
8:00 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). 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 _____