

Volunteer Application Form

Daniel Boone Regional Library

DATE: _____

- Columbia Public Library
- Callaway County Public Library (Fulton)
- Southern Boone County Public Library (Ashland)

Please complete both sides of this application and return to:

Volunteer Coordinator
Daniel Boone Regional Library
100 West Broadway
Columbia, MO 65203

Name _____

Address _____

City _____ ZIP _____ Phone Number _____

E-mail _____

Best times to reach me by phone _____

Name of school if student _____

(Volunteers must be at least 16 years old.)

Employed? Name of Employer _____

Have you ever been convicted of any violation of the law? Yes / No

If yes, give details including year, state and violation _____

Time you have available for volunteer work:

- Regularly each week for ____ hours
- "On Call" basis
- "One Time" project
- During the school year
- Summers only
- Available all year

Time preferred for volunteer work:

- Weekday Mornings
- Weekday Afternoons

Do you need this volunteer service in order to meet some type of requirement? If so, please explain.

Skills

<input type="checkbox"/> Filing	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Storytelling	<input type="checkbox"/> Art	<input type="checkbox"/> Dewey Decimal System
<input type="checkbox"/> Music	<input type="checkbox"/> Janitorial Services	<input type="checkbox"/> Photography
<input type="checkbox"/> Theater	<input type="checkbox"/> Audio Visual Equipment	<input type="checkbox"/> Computer Graphics/Web Design
<input type="checkbox"/> Special Hobby or Craft	_____	
<input type="checkbox"/> Other	_____	

If you have checked any of the above, please give a few details of your experience in these areas.

Educational background:

Special training or experience:

Volunteer experience:

Paid work experience:

NOTE: If you are interviewed for a position you will need to provide three references.

Applicant's Signature _____
Date

Student Volunteer Permit

(to be signed by parent or guardian if applicant is under 18 years of age)

_____ has my permission to work as a volunteer for the Daniel Boone Regional Library System (Columbia, Callaway County-Fulton or Southern Boone County-Ashland).

Signature _____ _____
Relation to Applicant Phone Number