

City of Lake Oswego

Volunteer Application Library

NAME: _____ DATE: _____
(Last) (First) (MI)

ADDRESS: _____
(Street) (City) (Zip)

PHONE: _____ Email: _____

BIRTH DATE: _____ EMERGENCY CONTACT Name: _____
(Month) (Day) Phone: _____

I. SKILLS AND INTERESTS:

EDUCATIONAL BACKGROUND: _____

Current School enrollment (if applicable): _____

WORK EXPERIENCE: _____

Current Employer (if applicable): _____

HOBBIES, INTERESTS, SKILLS: _____

VOLUNTEER EXPERIENCE: _____

ASSIGNMENTS OF INTEREST TO YOU:

Work with a group _____	On-going individual duties _____
Greet public, social activities _____	Assist with special events _____
One time volunteer _____	Provide service in community _____

II. AVAILABILITY: M TU W TH F SAT SUN Mornings Afternoons Evenings

III. WHY DO YOU WANT TO VOLUNTEER AT THE LAKE OSWEGO PUBLIC LIBRARY?

HOW DID YOU HEAR ABOUT OUR VOLUNTEER OPPORTUNITIES?

City/Library Newsletter _____
Referred by agency/school _____

Library Staff/Volunteer _____
Other _____

IV. REFERENCES: Please list two persons that have knowledge of your character, experience, or ability.

NAME	ADDRESS	OCCUPATION	TELEPHONE

To the best of my knowledge all of the above information is accurate. I understand that misrepresentation or omission of facts is cause for disqualification or dismissal. Moreover, I authorize the listed references to give the City of Lake Oswego Public Library information relative to my volunteer placement and I release such person and organization from any legal liability in such statements. Furthermore, I will honor the confidentiality of any information to which I have access regarding patrons of the Library.

(Signature)

NOTES (For Coordinator only)

(1) Application _____ (2) Handbook _____ (3) Time Sheet _____ (4) Name Tag _____ (5) Tour _____
(6) Assignment Description _____ (7) Photo _____

PLACEMENT: _____

INACTIVE DATE: _____