



# Volunteer Application

Downtown    Bethel    Sheldon

**Public  
Library**

Date \_\_\_\_\_

## Thank you for your interest in volunteering at your library!

Hundreds of **long-term, weekly** volunteers support library staff. Each volunteer commits to a specific task for the same day and time each week. Most shifts are 2 hours weekly. Most volunteers serve at least 1 year; a minimum 6-month commitment is required. The minimum age is 14.

If this seems like a good match for your interests and schedule, please complete and return this form. When we have openings related to your skills, we will contact you.

***If you are looking for short-term or immediate volunteering:** Please contact United Way, which matches volunteers with opportunities in the community. Call 541-741-6000 for more information.*

### Please print:

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Phone (cell) \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Your pronouns: He/Him She/Her They/Their Other: \_\_\_\_\_

Emergency contact person \_\_\_\_\_

Phone(s) \_\_\_\_\_

### Please list contact information for 2 people who have supervised your work (paid or volunteer) or your participation in school or a community organization:

1) Name \_\_\_\_\_ Position \_\_\_\_\_

Company/school/organization \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

2) Name \_\_\_\_\_ Position \_\_\_\_\_

Company/school/organization \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

(over)

Have you ever been convicted of a criminal act?  yes  no

If yes, please explain \_\_\_\_\_

**If you are currently employed:**

Job \_\_\_\_\_ Company/school/organization \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**If you are currently a student, specify what grade/level:** \_\_\_\_\_

**If you are volunteering as part of a community service or other program, name the school or program:**

\_\_\_\_\_

How many hours are required? \_\_\_\_\_ By what date? \_\_\_\_\_

Contact person at school/program \_\_\_\_\_ Phone \_\_\_\_\_

**If you are under 18 years old, what is your date of birth?** \_\_\_\_\_

Required for those under 18: parent/guardian's signature to indicate permission to volunteer at the library:

\_\_\_\_\_ *print name*

\_\_\_\_\_ *signature*

\_\_\_\_\_ *date*

**Please check the volunteer areas that interest you:**

Keeping books and other items in order in the public areas of the library

Helping visitors at the Information Desk

Bookstore clerk

Preparing and/or repairing library items

Clerical assistance (computer)

Assistant for teen events

Other \_\_\_\_\_

*The following tasks require background checks:*

Assistant for children's events

Leading storytimes at daycares

Maker Hub Open Labs

**Tell us about your relevant paid or volunteer experience or skills.** (If you are fluent in a language in addition to English, please let us know.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why would you like to volunteer at the library?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your support! Eugene Public Library Volunteer Program**

[libraryvolunteercoordinator@ci.eugene.or.us](mailto:libraryvolunteercoordinator@ci.eugene.or.us)

541-682-8335