

**FRIENDS OF THE BOISE PUBLIC LIBRARY, INC.
VOLUNTEER APPLICATION**

Thank you for your interest in volunteering for the Friends of the Boise Public Library. Potential volunteers are required to be:

At least 14 years of age

Willing to work a regular shift 2-4 hours per week and/or for special events

Willing to have a background check if requested.

Name _____

Street or Mailing Address _____

City, State, Zip Code _____

Telephone _____ Email Address _____

Other Names You Have Used _____

Occupation _____

Name of Employer _____

Emergency Contact: Name _____

Telephone _____ Relationship _____

Education Completed:

High School ____ Some College ____ College Degree ____ Graduate/Doctoral Degree ____ Other Degree ____

How did you learn about Friends of the Boise Public Library? _____

Please describe other volunteer experience you have _____

What do you normally like to read? _____

Do you read any foreign languages? _____ Which? _____

Please list your interests, hobbies, or special skills _____

We are open from 12:30 to 4:30. (We reserve the right to be flexible!) Shifts in our store (Tree City Books) are dependent on the Library's hours.

I am interested in:

- Sorting and processing books and other donations
- Cleaning and repairing books and materials
- Working in the book store
- Working at book sales

How many hours per week do you wish to volunteer? Include specific days and times if you have a preference: _____

What is the date you wish to begin volunteering? _____

Health: Is there any health issue which may limit your ability to volunteer or limit the types of activities, such as lifting boxes of books, you can perform? Yes _____ No _____
If yes, please explain briefly _____

Please read the following carefully before signing this application:

- I understand this is an application for, and not a commitment or promise of, volunteer opportunity.
- I understand misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the Friends of the Boise Public Library, Inc., or my termination as a volunteer.
- I understand the information in my application may be verified by Friends of the Boise Public Library Inc.
- I agree to sign the Friends of the Boise Public Library, Inc., Conflict of Interest form and Liability Waiver upon notification of my acceptance as a volunteer of the Friends of the Boise Public Library, Inc.

Signature _____ Date _____

Please return to:

Friends of the Boise Public Library
715 S. Capitol Blvd.
Boise, ID 83702

Friends Intake Processing

Date Received _____ Reviewed by _____

Decision Yes _____ No _____ Reason _____

Date Applicant notified and how contacted. _____