

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 and be fingerprinted (depending on specific volunteer position)

Name (First & Last Name) _____

Other Names You Have Used _____

Street or Mailing Address _____

City, State, Zip Code _____

Previous Address (If less than three years at current address) _____

Telephone _____ Cell Phone _____

Occupation _____

E-Mail Address _____

Business Telephone _____

Business Address _____

Emergency Contact: Name _____

Address _____

Telephone _____ Relationship _____

Age Group (Minimum 14 years of age)

Youth _____ Adult _____ Senior (65+) _____

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 list your previous volunteer experience _____

Please list any office, keyboarding, or computer skills you have _____

Please list some of your interests, hobbies, or special skills _____

We are open to process books and other donations weekdays 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 books and other donations
- Cleaning and repairing books and materials
- Stocking the bookstore
- 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 certify I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Friends of the Boise Public Library, Inc., that is true, correct and complete to the best of my knowledge.

I certify I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position.

I understand the information contained on my application will be verified by Friends of the Boise Public Library, Inc.

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 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 Data:

Date Received: _____

Reviewed By: _____

Decision: Yes _____ No _____

Date Individual Notified: _____

How Contacted: _____