

## FRIENDS OF THE BOISE PUBLIC LIBRARY VOLUNTEER APPLICATION

Thank you for your interest in volunteering for the Friends of the Boise Public Library! We accept donations and process books to resell to the public.

Name \_\_\_\_\_

Street or Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

**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 & what experience do you have with books?**

**Please describe other volunteer experience:**

**What do you normally like to read?** \_\_\_\_\_

**Do you read any foreign languages?** \_\_\_\_\_ **Which?** \_\_\_\_\_

**Please list your interests, hobbies, or special skills** \_\_\_\_\_

**I am interested in:**

- ☐ Sorting and processing books and other donations
- ☐ Administrative help (office work, publicity, photography, transporting books to partner groups, etc.)
- ☐ Working in the bookstore (Do you have cash register experience and/or retail experience?)
- ☐ Working at book sales

**How do you want to volunteer?**

- ☐ Intermittent projects/seasonal sales or auctions
- ☐ Regular weekly shift \_\_\_\_\_ Days of the week \_\_\_\_\_ and number of hours/week

**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:***

- Friends of the Boise Public Library is a non-profit organization that supports the Boise Public Library and community literacy, however we are legally and functionally separate from the Boise Public Library. Our volunteers are not library volunteers and do not work for the library.
- Volunteers are required to be at least fourteen (14) years of age. (In the store, volunteers are required to be older)
- 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, or my termination as a volunteer.
- I understand the information in my application may be verified by Friends of the Boise Public Library.
- I agree to sign the Friends of the Boise Public Library, Conflict of Interest form and Liability Waiver upon notification of my acceptance as a volunteer of the Friends of the Boise Public Library.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail to:** Friends of the Boise Public Library, 715 S Capitol Blvd, Boise, ID 83702 **OR return to our bookstore,** 775 W Fulton St, Boise, ID 84702.

**Friends Intake Processing**

Date Received \_\_\_\_\_ Reviewed by \_\_\_\_\_

Decision Yes \_\_\_\_\_ No \_\_\_\_\_ Reason \_\_\_\_\_

Date Applicant notified and how contacted \_\_\_\_\_