Indian Rocks Beach Library

Volunteer Application

PERSONAL INFORMATION:
(Please print)

_____
Last Name, First Name, MI

_____
Address   City   State   Zip

_____
Phone No.   Email   DOB (month/day)

Are you a year-round resident? _____ If not, what time(s) of

the year are you in town? _____

Education: HS   College   Graduate school

Degrees: _____

Special Skills: (e.g.: computer skills, office skills, teaching,

working with children)_____

_____

Contact in case of Emergency:

_____
Name   Relationship

_____
Address   City   State   Zip

_____
Home Phone No.   Cell Phone No.   Work Phone No.

VOLUNTEER AVAILABILITY:
Please select the days/times you are available.

MONDAY	10-1	1-4
TUESDAY	10-1	1-4
WEDNESDAY	10-1	1-4
THURSDAY	00-1	1-4
FRIDAY	10-1	

SUBSTITUTE   Any day? _____ Specific day? _____

What would you like to do in the library? Pick as many as you like! Some of the tasks we need help with are shelf reading, straighten shelves, and assist with programming, Assist with managing the collection including organizing and processing materials, book sale room, and re-shelving books.

Library volunteers are required to work with basic computer programs in circulation. Knowledge of libraries and the Dewey decimal system is helpful but not required. Volunteers will be scheduled to train before being assigned a shift.

Have you ever committed, been convicted of, plead guilty to or plead nolo contendere to a felony or misdemeanor? (Conviction of a crime will not necessarily disqualify you).

_____NO   _____YES If yes, please explain: _____
_____
_____
_____

The information listed in this application is accurate and complete to the best of my knowledge. I understand that if the information in this application is false I will be dismissed without notice regardless of when the false information is discovered.

_____

SIGNATURE   DATE