# The Urbana Free Library / Technology Volunteer Application Form

Thank you for your interest in volunteering at The Urbana Free Library. The Adult Services Department seeks qualified candidates to assist patrons in our public computer lab. The information on this form will help us determine that the responsibilities are suited to your background and interests.

**\*** Please attach a resume if you have one available (not required).

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us something about yourself and why you are interested in volunteering at The Urbana Free Library.

What previous relevant experience do you have?

What skills or hobbies do you have to bring to a volunteer position?

Language(s) in which you consider yourself fluent:

**How often are you available to volunteer?** (**\*** We prefer a minimum 1 semester commitment, working a two-hour shift each week.)

Please indicate the number of hours you would like to volunteer (e.g., 1 hr, 2 hrs).

 \_\_\_\_\_\_\_ Once a week \_\_\_\_\_\_\_ Twice a week \_\_\_\_\_\_\_ Daily \_\_\_\_\_\_\_ Other

**What hours/days of the week are you available to volunteer?**

 \_\_\_\_\_\_ Monday \_\_\_\_\_\_ Tuesday \_\_\_\_\_\_ Wednesday \_\_\_\_\_\_ Thursday

 \_\_\_\_\_\_ Friday \_\_\_\_\_\_ Saturday \_\_\_\_\_\_ Sunday

**In case of an emergency, please contact:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR AGE 16 AND ABOVE:**

**Personal References**: Please list two non-family members whom we may contact and who would be able to tell us about you. Include *at least one* method of contact.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Convictions:**

Within the past 10 years, have you been convicted as an adult of a felony or misdemeanor classified
as an offense against a person or family, of public indecency, or of a violation involving a state or federally controlled substance? \_\_\_\_\_\_\_\_\_\_ If yes, please explain the nature and date of the offense:

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

**Volunteer Release Statement:**

I hereby certify that the above information on this application is true, accurate, and complete to the best of my knowledge. My signature authorizes The Urbana Free Library to verify any of the information on this application and secure information from personal references. If I am accepted as a volunteer at The Urbana Free Library, I agree to abide by the library’s rules and regulations.

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

Signature Date

**ALL INFORMATION ON THIS APPLICATION WILL REMAIN CONFIDENTIAL.**

If accepted as a volunteer of The Urbana Free Library, please complete the following:

I have received and read a copy of “Information for Volunteers at The Urbana Free Library.”

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

Signature Date