



# VOLUNTEER APPLICATION

Attn: Volunteer Coordinator.  
 Santa Barbara Public Library  
 PO Box 1019  
 Santa Barbara, CA 93102-1019

Please return your completed application to your local library, or mail to: (805) 564-5634

## GENERAL INFORMATION

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Best time/way to reach you: \_\_\_\_\_

How did you learn about volunteering with the Library? \_\_\_\_\_

Are you now or ever been employed by the City of Santa Barbara? Yes No If yes, date(s) \_\_\_\_\_

Do you have any physical or health restrictions? Yes No If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes No

If Yes, on a separate sheet of paper, give the following information for each offense: (1) date, (2) charge, (3) place, (4) court and (5) action taken. You may omit any offense rendered final in a juvenile court, under a youth offender law, or listed in labor code section 432.8. A conviction will not necessarily disqualify you from employment. False statements or omissions of convictions(s) shall be just cause for disqualification from volunteering.

## VOLUNTEER PREFERENCES & AVAILABILITY

Are you applying for a specific volunteer position? Yes No If yes, which position \_\_\_\_\_

Check your reasons or goals for volunteering with the Library.

Social interaction & meeting new people

Giving back to the community

Learning about the Library and its collection

Gaining a recommendation for work or college

Completing \_\_\_\_\_ hours of required community service for

School Other: \_\_\_\_\_

Learning new skills (specify) \_\_\_\_\_

Other: \_\_\_\_\_

Check the ways in which you would enjoy helping the Library.

Book shelving

Book processing

Literacy programs

Organizing/clerical

Cleaning books/shelving

Graphic Arts

Data processing

Art/creative tasks

Coordinating events

Assisting with events

Working alone

or with

Adults

Teens

Children

Other: \_\_\_\_\_

What is your availability for volunteering?

Mon Tues Weds Thurs Fri Sat Sun

Hours per week \_\_\_\_\_

Mornings

Start date \_\_\_\_\_

Afternoons

End date \_\_\_\_\_

Evenings

## SKILLS, EDUCATION, TRAINING & EXPERIENCE

Check any special skills or experience you have.

Library skills: Circulation Shelving Mending books Other: \_\_\_\_\_

With Children: Storytime Reading Program Crafts Other: \_\_\_\_\_

Strong computer skills: PC MAC Word Excel Other: \_\_\_\_\_

Graphic Arts Designing displays Arts/crafts Professional writing/editing

Fundraising      Publicity/Marketing      Supervision      Events Coordination  
 Clerical      Literacy tutoring      Languages other than English \_\_\_\_\_

Education Completed  
 High School      College Degrees \_\_\_\_\_

List any training, certificates, licenses, or other skills related to library work or the position for which you applied.

Provide volunteer and/or relevant work experience related to library work or the position for which you applied.

Organization	Job Title Start & End Dates	Duties	Supervisor's Name & Phone Number

May we contact the organizations listed above?    Yes    No

If no, please explain. \_\_\_\_\_

What activities are you involved with now such as organizations, school, work, family, hobbies, interests, etc.:

List two professional and/or personal references.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Is there anything else you would like to share about yourself?

**EMERGENCY INFORMATION**

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

*The following information is used only in the event of an emergency where the volunteer is unable to respond.*

Regular medications \_\_\_\_\_

Physical or mental disabilities or limitations \_\_\_\_\_

Chronic conditions (allergies, diabetes, other) \_\_\_\_\_

Are you under a doctor's care?    Yes    No    Physician \_\_\_\_\_ Phone \_\_\_\_\_

**CERTIFICATION & SIGNATURE(S)**

I certify that this application and any supplemental information is true to the best of my knowledge and belief, and understand that false statements, information, or willful misrepresentation shall be just cause for rejection of this application or subsequent discharge. This application must be signed in ink and dated.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature if applicant is a minor \_\_\_\_\_ Date \_\_\_\_\_