



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	<u>or with</u>	Adults	Teens	Children
Other:				

What is your availability for volunteering?

	<u>Mon</u>	<u>Tues</u>	<u>Weds</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>
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 _____