



HELPING HANDS APPLICATION

The “*Helping Hands*” is a volunteer group at East Lake Community Library (ELCL) that offers one-off opportunities to assist with library programs, special events, and non-recurring projects. The volunteer opportunity is available to ages 11 and over. **(*Please note that if you are interested in volunteering with ELCL on a consistent schedule, the ELCL Volunteer Program will need you to complete a new volunteer application, interview, and submit to a background screening.)**

PERSONAL INFORMATION: (Please print all information.)

Last Name	First Name	Middle Initial
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Phone #: _____ E-Mail: _____

Date of Birth: ____/____/____

HOW DID YOU HEAR ABOUT OUR VOLUNTEERING OPPORTUNITIES?

____ Friend(s) ____ Library Flyer ____ Road Sign ____ School Program
____ Web Site ____ Social Media _____ Other (Please, specify.)

VOLUNTEER AVAILABILITY: (Please circle the days and times you are available to volunteer.) *Note: Volunteering times are flexible upon request.

Weekday Weekend

Mornings (9 am-12 pm)

Afternoons (12 pm-4 pm)

Evenings (4 pm-8 pm)

Additional times available (if applicable): _____



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As a VOLUNTEER, I agree to:

- Adhere to the ELCL Volunteer Policies and Procedures. This includes appropriate dress code/etiquette and no phone use. *(Print copy available upon request)*
- Maintain confidentiality of all privileged information to which I am exposed to.
- Ask program staff members and/or volunteer coordinator if I am unsure of tasks assigned or if I have any questions.
- Volunteers who are not engaged in their assignment will be asked to leave.
- Give advance notification of absences, when possible by emailing the volunteer coordinator (volunteer@eastlakelibrary.org) or calling the library at 727-773-2665 for same day call-outs. If the library is closed you will leave a message detailing your absence.
- Wear an ELCL volunteer badge at all times.
- Be courteous & respectful to patrons, staff, and other volunteers.

****Note: If you are interested in volunteering with the library on a consistent weekly schedule, we will need to complete a new volunteer application, interview, and background screening.***

Emergency Contact Information - In the event that an emergency should occur while the Volunteer is providing services, the following contact should be notified immediately.

Contact Name _____

Phone number _____

By signing below I certify that all the information provided on this application is accurate and complete to the best of my knowledge.

SIGNATURE

_____/_____/_____
DATE

PARENT/GUARDIAN SIGNATURE (For Minor Applicants Only.)

_____/_____/_____
DATE

Questions or Concerns?

Contact the Volunteer Coordinator at volunteer@eastlakelibrary.org or 727-773-2665.