



VOLUNTEER APPLICATION

PERSONAL INFORMATION:
(Please Print All Information)

Last Name First Name Middle Initial

Address City State Zip Code

Phone No.: _____ E-Mail _____

Birthday: ____/____(month & day)

Age (Teen Volunteers Only → Minimum Age is 14 Years Old) _____ **Bright Futures?** Yes ___ No ___

Name of High School & Graduation Year _____

Are you a year-round resident? ___ Yes ___ No

If not, what months are you available? _____

EDUCATION: ___ High School ___ College ___ Post Graduate

Degree(s) _____

SPECIAL SKILLS: _____ (i.e.: Computer Knowledge, Other)

WORK STATUS: ___ Employed ___ Retired ___ Unemployed ___ Student

If employed current place of employment: _____ Phone: _____

IN AN EMERGENCY PLEASE NOTIFY:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Physician: _____ Phone: _____

Have you ever committed, been convicted of, pled guilty to, or pled no contest to, a felony or a misdemeanor? NOTE: Conviction of a crime is not necessarily grounds for disqualification.

___ NO ___ YES* (*If yes, please explain): _____

HOW DID YOU HEAR ABOUT OUR PROGRAM?

_____ Friend _____ Newspaper _____ Brochure _____ Bulletin Board
_____ Web Site _____ Social Media _____ Other (please specify)

POSITION YOU ARE APPLYING FOR: _____

Please read all the details related to the position you are applying for, and plan to commit accordingly if you are invited to volunteer at the library.

VOLUNTEER AVAILABILITY: (please circle the days and times you are available to volunteer)

MON. 9-12 TUES. 9-12 WED. 9-12 THURS. 9-12 FRI. 9-12 SAT. 9-12

MON. 12-3 TUES. 12-3 WED. 12-3 THURS. 12-3 FRI. 12-3 SAT. 12-3

MON. 3-5 TUES. 3-5 WED. 3-5 THURS. 3-5 FRI. 3-5 SAT. 3-5

MON. 5-8 TUES. 5-8 WED. 5-8 THURS. 5-8

The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way I will be dismissed without notice regardless of when the false information is discovered.

As a VOLUNTEER, I Agree to:

- Complete the volunteer orientation and train until I am competent to perform the required duties
- Give advance notification of absences, when possible. Email colleen-d@eastlakelibrary.org (for Adults) and colleen-f@eastlakelibrary.org (for Teens). The library can be reached at 727-773-2665. If the library is closed you may leave a message.
- Wear a name badge at all times.
- Adhere to the ELCL policies and procedures.
- Be courteous & respectful to the patrons and my co-workers

I authorize the library to conduct a background check. I certify that all the information provided on this application is accurate and complete to the best of my knowledge.

SIGNATURE

____/____/____
DATE

PARENTAL CONSENT

VOLUNTEER NAME – please print

I verify that I am the above named individual’s legal guardian, and he/she is under the age of 18. I, as the legal guardian, give the above named individual my permission to volunteer with the ELCL. I release the PHCSA and ELCL, and any individual and/or organization associated with the above named organizations, of any liability the above named individual may incur. I understand that he/she is volunteering at his/her own risk.

NAME OF LEGAL GUARDIAN—please print DATE

SIGNATURE OF LEGAL GUARDIAN DATE

Consent to Release Names, Photographs and Audiovisual Recordings

I (We) _____, the undersigned give consent to the East Lake Community Library for the use of my (our) names(s), photographs and/or audiovisual recordings in publicity and news released to the media with regard to services rendered by the East Lake Community Library.

In connection with the foregoing, I hereby release the East Lake Community Library and their respective successors and assigns, from and against any and all liability arising out of the exercise of the rights granted by the above release.

Name (Printed)

Signature

Minor’s Release:

I, the undersigned, hereby warrant that I am the legal guardian of _____, a minor, and have full authority to authorize the above release which I have read and approved.

Signature of Parent or Guardian