



Location Received	_____
Date Received	_____
Received By:	_____

Adult Volunteer Application

◆ **Personal Information:** Name: _____ Date of Birth _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 E-Mail Address: _____ Gender: Male Female
 Emergency Contact Name: _____ Emergency Contact Telephone: _____

◆ **Occupation / Education:** Status: Employed Retired Homemaker Unemployed Student
 Current Employer and Position _____
 Previous Employment _____
 Special Training/Experience/ Education _____
 Volunteer Experience: _____

◆ **Availability:** (Please check when you are available to volunteer)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Are you a seasonal resident? No Yes, I am in town from _____ to _____.

Please indicate any physical conditions and accommodations that need to be taken into consideration while providing volunteer services. _____.

Where would you like to be assigned? Main Countryside East Beach North Greenwood
 (Check all that apply)

How did you learn about volunteer opportunities at the library?
 _____ school _____ library staff _____ library poster _____ library volunteer _____ library website
 _____ newspaper _____ friend _____ Community Organization _____ other (specify) _____

◆ **Volunteer Interests: (Check all that apply)**

<input type="checkbox"/> Information Desk / Greeter	<input type="checkbox"/> Local History Assistant
<input type="checkbox"/> Popular Material Assistant	<input type="checkbox"/> Program Assistant
<input type="checkbox"/> New Material Assistant	<input type="checkbox"/> Mending and Repair Assistant
<input type="checkbox"/> Computer Assistant	<input type="checkbox"/> Other (please list) _____

Note: We make every effort to match your skills/interests with available opportunities.

Have you ever been convicted of any offense against the law or now under any current charge for any offense against the law? Yes No

If the answer to the above is yes, please give the date and details of the offense.

Note: Falsification of answers may result in dismissal as a volunteer with the Clearwater Public Library System.

I understand that volunteering for the Clearwater Public Library System may require or include a criminal background check, driver's license check or providing of other identification or certifications.

Confidentiality Agreement: I understand that it is the policy of The Clearwater Public Library System to protect the privacy of those who use the Library. I agree to hold all information about patrons in complete confidence in the course of performing my volunteer assignments. In addition, I understand that a breach of confidentiality is grounds for dismissal from the Library's Volunteer Services Program.

Applicant Signature _____ Date _____

For Library Use Only:

Interview Date: _____ Interviewed by: _____
Background Check Cleared: Yes No Date: _____
Placement: Location/Branch _____ Position: _____
Supervisor: _____
Comments: _____

Please return to the Volunteer Services Coordinator, Main Library 4th floor

Mailing address for applications:
Clearwater Public Library
100 North Osceola Avenue
Clearwater, FL 33755

Attention: Volunteer Coordinator

For more information contact:
Diane McKeever
Volunteer Coordinator
(727) 562-4970 ext. 5037
Diane.McKeever@myclearwater.com

