

Kirkland Town Library Adult Volunteer Application

Date _____

Name _____

Address _____

Phone Number _____ Email _____

Who sent you to us? _____

Hobbies or Special Skills _____

Previous Volunteer Experience:

Where? _____

Responsibilities _____

Other Work Experience _____

What kind of volunteer work are you interested in ?

Which day or days are best for you to volunteer?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
am	am	am	am	am	am
pm	pm	pm	pm	pm	pm
eve	eve	eve	eve		

Health Information

Who should we contact in case of emergency? _____

Phone# _____ Relationship _____

Do you have any special medical/physical limitations that will significantly impact your volunteer service? If yes, please describe _____

Do you currently have any contagious or infectious diseases, or have you been exposed to TB?

Legal Information

Have you ever been convicted, pled *nolo contendere*, or received a deferred prosecution or judgement for a felony, misdemeanor or criminal charge (excluding minor traffic offenses such as speeding), been involuntarily terminated or have engaged in any incidents which would provide basis for alleging immoral conduct affecting the health, safety or welfare of children.

Yes No

I agree that the Kirkland Town Library shall not be held liable if any position is not offered or position terminated due to falsity of any statements or answers in this application.

I have reviewed this application and agree to its statements.

Volunteer's Signature _____

Staff member's Signature _____

Volunteer Placement _____

Training _____