

VOLUNTEER APPLICATION

Hillsboro Public Library

HILLSBORO MAIN
2850 NE Brookwood Pkwy.
Hillsboro, OR 97124
503-615-6500



SHUTE PARK BRANCH
775 SE 10th
Hillsboro, OR 97123
503-615-6500

Name: _____ Date _____
(last) (first)

Name you prefer to be called: _____ Birthday: _____
(Month) (Day)

Home phone: _____ Cell: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Do you have any health considerations you would like us to know about? Yes No

Emergency Contact

Name: _____ Relationship: _____

Phone number(s): _____

Education

Are you a Student? Yes No What grade? _____ Name of School: _____

College? Yes No Degree: _____ Major: _____

Experience and Skills

Are you presently employed? Yes No Retired? _____ Other? _____

Current Employer: _____

Work Phone: _____ May we call you at work? Yes No

Have you had previous volunteer experience? Yes No

Have you ever volunteered at another Washington County Library? Yes No Year: _____

List name and address of an organization where you have volunteered, if applicable:

Organization	Location	Year
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Supervisor Name & Phone	Type of work
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(over)

Help us find the best volunteer placement for you:

List any special skills, interests or hobbies that might apply at the library _____

Where would you prefer to volunteer? Shute Park Branch Main

Availability: Please indicate the hours and days you may be available to volunteer.

References and additional information:

Please list two people (non-relatives) who have knowledge of your character, experience, or ability:

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever been convicted of a crime? Yes No

If yes, please give a brief description of the circumstances surrounding your conviction: including date, nature and place of offense and disposition. (Do not include violations or convictions sealed or annulled by court, or convictions incurred as a minor and expunged from the record). Convictions will not necessarily disqualify you from the position for which you are applying. _____

I declare that I have answered truthfully and have not knowingly withheld any information relative to my application. I agree and understand that any omissions or misstatements on the application will result in my being eliminated from further consideration, or, if it becomes known after acceptance, my immediate dismissal from further volunteer work. I agree to work within my assigned area of responsibility without any monetary compensation, and be subject to worker's compensation coverage while on the job. I agree to follow all library and volunteer policies and procedures and I understand that while working as a volunteer, I will also positively represent the library, as do paid staff members.

By signing this application I agree to the above, and acknowledge that my references may be called and/or a criminal background check may be performed.

Signature: _____ **Date:** _____

Parent's signature (if applicant under 18): _____

If you have any questions regarding this application or the Hillsboro Public Library volunteer program, contact Kathy Wilson, Volunteer Services Coordinator, at (503) 615-3457 during library open hours, or (503) 681-5252 ext. 3457 to leave a message.

STAFF USE:

Interview date: _____ **Start Date:** _____ **Placement:** _____

Notes: _____
