

Long-term Volunteer Application

Availability:

Date: ____/____/____

We need long-term volunteers to be available for at least one full year, regularly each week for at least 2 hours per week. If you're not available for at least one year, only during the school year or summers, or are just interested in a one-time project, please complete a **Short-term Volunteer application** instead.

How long will you be available and on which days/times? _____

General: (please print)

Are you 18 years or older? ☐ Yes ☐ No

Name _____ Birthday _____ (Month/Day/Year)

Address _____ Apt/Unit _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Email _____

Work phone or alternate (____) _____ - _____ Preferred contact: ☐ Phone ☐ Email

Emergency Contact:

Name _____ Relationship _____ Phone (____) _____ - _____

What is the highest level of education completed?

☐ High School/GED ☐ Some College ☐ College Degree ☐ Other _____

Are you familiar with the Dewey Decimal System? ☐ Yes ☐ No ☐ A little

Are you familiar with searching for items using the online catalog? ☐ Yes ☐ No ☐ A little

Please list any languages you are fluent in besides English:

What position(s) are you interested in? Check all that apply.

☐ Mending materials

☐ Shelving assistant

☐ Lexicon/Special events assistant

☐ Computer/tech tutor

☐ Display assistant

☐ Teen Services program assistant

☐ Marketing

☐ Children's group instructor (coding, chess, etc.)

☐ Archive assistant

☐ Outreach/events assistant

Please list any relevant skills you have for the position(s) you selected.

Computer Skills:

Microsoft Office: ☐ Word ☐ Publisher ☐ Excel ☐ PowerPoint
☐ Google Drive ☐ Photo Editing ☐ Video Editing ☐ Graphic Design ☐ Social Media
☐ Mac/Apple OS ☐ Windows ☐ Android

Other(s), please describe: _____

Relevant Experience: (You're also welcome to attach a copy of your resume)

Employer:

Type of work:

Dates:

References: Please include at least one professional reference, if possible.

Name

Connection

Phone/Email

1. _____

2. _____

Have you ever been convicted of, or pled guilty to, any criminal offense? Please Explain (optional)

☐ Yes

☐ No

Why do you want to volunteer at the Stillwater Public Library?

PLEASE RETURN TO HELP DESK OR EMAIL TO volunteer@stillwater.org

PLEASE ALLOW UP TO 5 BUSINESS DAYS FOR PROCESSING