

VOLUNTEER APPLICATION



Select Programs:		<input type="checkbox"/> General Library <input type="checkbox"/> Learning Center <input type="checkbox"/> Children's Programs(under 10) <input type="checkbox"/> After School			
Today's Date:		All information contained herein is for volunteer purposes only and will be maintained in a confidential manner			
VOLUNTEER INFO					
Date of Birth		LAST NAME		First Name	M.
Physical Address:					
Address		City	State	Zip	
MAILING (if different):					
Address		City	State	Zip	
Home Phone:		Cell Phone:		EMAIL:	
Reference #1:					
Last Name		First Name		Contact Number:	
Reference #2:					
Last Name		First Name		Contact Number:	
IN CASE OF EMERGENCY					
Name of local friend or relative (not living at the same address):					
		NAME		RELATIONSHIP	CONTACT NUMBER
Have you ever been convicted of a crime? (not including traffic violations) check box		YES	NO	If yes, please briefly explain:	

Food Allergies/Allergies:			
Medical Conditions that could impair ability to do certain activities:			
Children/Grandchildren Attending School (Only required if volunteering for after school program)	LAST	First	Grade
	LAST	First	Grade
How many days per week can you commit to the program? (usually 3 hour shifts, may occasionally be longer)			
	How many days	Days of the week preferred (Program is generally Mon-Fri)	Field Trips and other outings? (Y/N)
	Specialty Areas (art, music, etc.)	Computer Experience? (Y/N)	Other Expertise?
Any additional comments/concerns:			

Regardless of whether the applicant grants his or her consent, the Oregon Department of Education or Curry Public Library may conduct a criminal offender record check of prospective program/school volunteers working with or around children.

I agree to abide by the Curry Public Library Volunteer Program policies and guidelines, I understand that the individual programs may have additional application requirements.

Signature _____ Date _____