

VOLUNTEER APPLICATION INFORMATION

Qualifications: Minimum age: 16 years old

To Apply:

Please **print** and fill out the Volunteer Application as completely as possible. **References should not be people to whom you are related.** Some examples are coaches, teachers, pastors, supervisors, and adult family friends.)

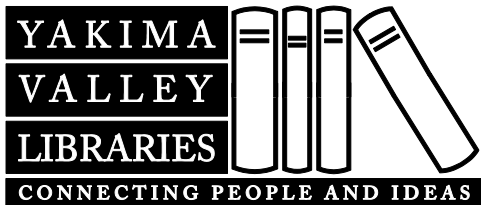
Submit Application to: Human Resources at hr@yvl.org
Or submit to any Yakima Valley Libraries
Or fax (509) 575-3408

Please complete your application in full. We are unable to consider incomplete applications.

PRIMARY RESPONSIBILITIES:

The following is a partial list of volunteer duties.

- Shelve materials: books, magazines, DVDs, etc.
- Shelf-reading and straightening of shelves
- Assisting customers with equipment: computers, printers, copiers, etc.
- Assisting customers with online catalog
- Assist with programming events
- Help set-up and breakdown of area for programs
- Assist with craft stations & activities
- Homework help
- Wiping windows, cleaning countertops, dusting and vacuuming
- Cleaning book covers
- Helping to provide a safe and secure atmosphere
- Occasional special projects



VOLUNTEER APPLICATION

Yakima Valley Libraries
102 N. 3rd Street
Yakima, WA 98901
(509) 452-8541
www.yvl.org

INSTRUCTIONS: *This is an application for volunteers and is not used to apply for paid positions within Yakima Valley Libraries. We are unable to consider incomplete applications. To turn in application: 1) you may turn your application in to any Yakima Valley Library, or 2) mail completed application to: Human Resources, Yakima Valley Libraries, 102 N. 3rd St, Yakima WA 98901-2759. Those applicants requiring accommodation to the application process should notify the Human Resources Department.*

INFORMATION: please print clearly

Print Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate phone: _____

Email: _____

In case of emergency, notify: _____ Phone: _____

Are you at least 16 years of age? YES NO Are you 18 years old or older? YES NO

Volunteers under age 18: are required to get Parent/Guardian approval and signature on all forms completed as part of the YVL volunteer application process.

EDUCATION

I have completed: High School Some College College Trade School

INTERESTS, SKILLS, SPECIAL TALENTS:

What interests you about volunteering at the Library: _____

I prefer assisting with: Children's Programs Teen Programs Adult Programs

Computer Labs Cleaning Organizing materials Other _____

Indicate any language, *other than English*, that you speak, write or read: _____

SPEAK	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
WRITE	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
READ	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair

Return form to Human Resources, Yakima Valley Libraries, 102 N.3rd Street, Yakima, WA 98901
Or email to: hr@yvl.org

Library location preferred: _____

AVAILABILITY: Short Term (3 months) Long Term (4 months - 1 year +)

Special Project: _____ Other: _____

- Check the box for the time period(s) in the day(s) you are available
- Indicate the number of hours per day you would volunteer

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	✓	# of hours	✓	# of hours	✓	# of hours	✓	# of hours	✓	# of hours	✓	# of hours
morning												
afternoon												

Are there any physical conditions to be taken into consideration when arranging volunteer assignments for you? YES NO

If "yes", please explain: _____

EXPERIENCE:

List past volunteer/work experience: (attach separate sheet if needed)

Dates	Organization	Contact Name and phone or email	Duties:
From:	Name:		
To:	City, State:		

Dates	Organization	Contact Name and phone or email	Duties:
From:	Name:		
To:	City, State:		

Dates	Organization	Contact name and phone or email	Duties:
From:	Name:		
To:	City, State:		

REFERENCES:

Please provide the names and contacts of 3 work or volunteer-related references (may use personal references if work/volunteer references not available).

Name	work, volunteer or personal	Known how long?	Phone and email
Name	work, volunteer or personal	Known how long?	Phone and email
Name	work, volunteer or personal	Known how long?	Phone and email

Applicant's Certification and Agreement

Please read before signing.

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer. I give permission to an authorized representative of Yakima Valley Libraries to inquire of individuals about my ability to perform all aspects of the volunteer position for which I am being considered. I release Yakima Valley Libraries and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

Applicant Signature

Date

If under 18 Parent or legal Guardian:

My signature serves as permission to allow my minor to become involved as an active volunteer and to allow Yakima Valley Libraries to inquire of individuals about my minor's ability to perform all aspects of the volunteer position for which he/she is being considered. I release Yakima Valley Libraries and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

Signature

Date

Print Name

Relationship to Applicant