

Adult Volunteer Application

Your Contact Information:

Name:	
Pronouns:	
Street Address:	
City, State ZIP:	
Primary Phone:	
Alternative Phone:	
Email:	

Your Availability:

How many hours (we suggest a minimum of 2) per week do you wish to volunteer? _____

Please mark the times when you are available to volunteer:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Before opening						
Morning						
Mid-day						
Afternoon						
Evening						

Your Interests:

	Helping with events and programs		Special projects
	Providing tech help to community members		Mending books
	Assisting with Outreach efforts		Other:

What other skills and talents would you like to share?

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Person to Notify in Case of Emergency:

Name:	
Street Address:	
City, State ZIP:	
Primary Phone:	
Alternative Phone:	
Email:	

Volunteer Consent to Screening

I understand that San Juan Island Library policies require that criminal background checks be performed to screen library staff and volunteers whose duties will or may result in their unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults.

I authorize the San Juan Island Library to conduct a criminal background check on me. I understand that the information obtained will be kept private, and shared only with relevant staff.

Signature: _____

Date: _____

Agreement & Signature

I understand that the San Juan Island Library reserves the right to screen volunteers and accept or reject any applications, and to place volunteers in specific locations and positions based on the needs of the Library.

Signature: _____

Date: _____

Thank you for your interest in volunteering at the San Juan Island Library! We will contact you after reviewing your application.

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