

Adult Volunteer Application

Your Contact Information:

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

Library card holder?	YES	NO
If no, would you like to be registered for a library card?	YES	NO

Position:

What position are you applying for?

For open positions, please refer to the San Juan Island Library Volunteer Webpage at <https://www.sjlib.org/at-the-library/volunteers/>.

Please note that while general applications are accepted, best consideration is given to applications for a specific position.

Experience and Qualifications:

Whether for a specific position or a general application, please list your relevant work experience, qualifications, and level of education.

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Experience and Qualifications continued:

What other skills and talents would you like to share?

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 using hours and minutes:

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

Please add any notes about your availability, including travel plans or seasonal schedules:

Person to Notify in Case of Emergency:

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

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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.

Community Service

If this application is to satisfy a community service requirement, please attach copies of your court documentation. It is the responsibility of the community service volunteer to track their hours and request the appropriate signatures from the supervising volunteer or library staff person. **Please note that the opportunity for community service will be rescinded if the community service volunteer is a no-call/no-show.**

OFFICE USE ONLY, INDICATE THE DATE ACTION WAS TAKEN

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