

APPLICATION FOR VOLUNTEER SERVICE

Topeka & Shawnee County Public Library
1515 SW Tenth, Topeka, KS 66604-1374 (785) 580-4400

RETURN TO: Volunteer Coordinator, 580-4490

Personal Information:

Date _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City/State _____ Zip _____

Home Telephone _____ Work Telephone _____

Email _____ Are you 14 years of age or older? _____ Yes _____ No

Will you receive any pay or credits for this service? _____

Is this volunteer service required in any way? _____

If yes, who requires it? _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____ Yes _____ No

If yes, please provide dates and details. _____

Employment History:

Current Job & Position/Title: _____ Start Date: _____

Summarize Duties: _____

Supervisor name & phone number: _____

May we contact for reference? _____ Yes _____ No

Previous Job & Position/Title: _____ From: _____ To: _____

Summarize Duties: _____

Supervisor name & phone number: _____

May we contact for reference? _____ Yes _____ No

Educational Background:

High School _____ No. of years completed _____ Did you graduate? _____

College _____ No. of years completed _____ Did you graduate? _____

Majors/Degrees/Certifications/etc. _____

Previous Volunteer Experience (if so, when and where) _____

References:

Name _____ Telephone _____

Name _____ Telephone _____

Skills/Experience/Abilities: (circle all that apply)

Clerical – Computer – Mechanical – Spanish speaking – Typing – Driver’s license
Cash Register – Customer service experiences – Detailed oriented - Other:

How did you hear about our volunteer program? _____

Do you have friends or relatives who volunteer or are employed at the Topeka and Shawnee County Public Library? _____

What do you hope to gain from your volunteer experience? _____

Volunteer Placement Preferred:

(Detailed position descriptions are available upon request.)

PUBLIC SERVICES

- ___ Adult Services
- ___ Gallery Docent
- ___ Topeka Room
- ___ Tour Docent
- ___ Information Desk
- ___ Mailing Committee (On-call basis)
- ___ Computer Center
- ___ Special short-tem projects (On-call basis)
- ___ Youth Services Homework Center
- ___ Genealogy

SPECIAL COMMUNITY SERVICES

- ___ Red Carpet Outreach

FRIENDS PLACEMENTS

- ___ Book Sale Preparation
- ___ Book Sale (annual – in the fall)
- ___ Book Store (Booktique)

SUMMER PROGRAM

- ___ Listing available in May

Availability (date, days & hours) _____

I do understand and agree:

That before starting a volunteer assignment, I must participate in an interview and an orientation. Once accepted, I will regard my assignment as a serious commitment and abide by the Topeka and Shawnee County Public Library (TSCPL) policies.

This application is current for 30 days, at the conclusion of this time, if I have not heard from TSCPL and still wish to be considered for volunteer tasks, it will be necessary to fill out a new application.

Applicant’s signature _____

By signing on the line above, I certify that the information provided by me in the application is correct and true.

PERMISSION OF PARENT OR GUARDIAN FOR YOUTH VOLUNTEER

I hereby voluntarily give my permission for _____ (name) to volunteer at Topeka & Shawnee County Public Library. I verify that this volunteer applicant is 14 years of age or older.

Signature (Parent or Guardian) _____ Date _____