

Volunteer Application

First Name	Last Name		
Mailing Address	City	State	ZIP Code
Phone Number	Email Address		

Emergency Contact

First Name	Last Name	Phone Number

Desired Branch	Areas of Interest (check all that apply)
<input type="checkbox"/> Grants Pass	<input type="checkbox"/> Circulation Desk – <i>check in/out books for patrons</i>
<input type="checkbox"/> Illinois Valley	<input type="checkbox"/> Information Desk – <i>provide tech support, answer patrons' questions</i>
<input type="checkbox"/> Williams	<input type="checkbox"/> Children's Library – <i>help families and youth find books</i>
<input type="checkbox"/> Wolf Creek	<input type="checkbox"/> Shelving – <i>return books to their homes</i>
	<input type="checkbox"/> Maintenance – <i>keep our libraries clean and beautiful</i>
	<input type="checkbox"/> Hold Requests – <i>find patrons' books and process hold requests</i>
	<input type="checkbox"/> Library Courier – <i>deliver books from one branch to another</i>
	<input type="checkbox"/> Special Events/Projects

Availability (varies by branch)	Tue	Wed	Thu	Fri	Sat
<i>Grants Pass: Tue-Sat</i>					
<i>Illinois Valley: Wed-Sat</i>					
<i>Williams: Tue, Wed, Fri, Sat</i>					
<i>Wolf Creek: Wed, Fri, Sat</i>					
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Computer Skills

- Low – rarely use computers or internet
- Basic – browse the internet, use Microsoft Word, navigate files and folders, use library catalog
- Advanced – search databases, add/navigate new apps/programs, troubleshoot common issues
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Other Skills/Interests

- | | | |
|---|---|---|
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Data entry | <input type="checkbox"/> Event assistance |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Program planning | <input type="checkbox"/> Research |
| <input type="checkbox"/> Videography | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Fluency in other language: _____ | | |
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Acknowledgement of Patron Confidentiality

I understand that library patron and volunteer personal and library-usage records are private and confidential. If I have access to such records, I will not share the information contained therein with anyone. Disclosing patron information is a serious offense and will result in my dismissal.

By submitting this form, I consent to this information being shared with the Josephine Community Library Foundation and Friends of the Library.

Printed Name

Signature

Date

Please contact the Volunteer Coordinator at 541-476-0571 ext. 111 with any questions.

Office Use Only BG: _____ Cleared: _____ Not Cleared: _____ Contacted: _____