



DODGE CITY PUBLIC LIBRARY VOLUNTEER APPLICATION



Name: _____

Last

First

Address: _____

Street

City, State

Zip Code

Primary Phone #: _____ Secondary #: _____ Email Address: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	
Street Address	
City, State	
Home Phone	
Work Phone	
Email Address	

Position Applying for: *(Please indicate all of your interests)*

<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Grant Writer
<input type="checkbox"/> Event Support	<input type="checkbox"/> Translation Services
<input type="checkbox"/> Holds Assistant	<input type="checkbox"/> Social Media Researcher
<input type="checkbox"/> Computer Assistant	<input type="checkbox"/> Photography
<input type="checkbox"/> Outreach Support	<input type="checkbox"/> Speaker
<input type="checkbox"/> Ongoing General Support	<input type="checkbox"/> Other: (Please describe)
<input type="checkbox"/> One Time Special Projects Support	

Number of hours available to volunteer each week: 1-5 ___ 6-10 ___ 11-15 ___ 16-20 ___ 20 + ___

MONDAY	START	END	THURSDAY	START	END
TUESDAY	START	END	FRIDAY	START	END
WEDNESDAY	START	END	WEEKEND/SPECIAL	START	END

Please List Your Employment/Training Background:

Position	Responsibilities	Dates of Service

Please List any Previous or Current Volunteer Experience:

Position	Responsibilities	Dates of Service

Please note that you must be at least 15 years of age to volunteer at the Dodge City Public Library

If you are under 18 years of age and/or attending high school you will need parental consent

Do you have any criminal convictions (other than parking violations or juvenile offenses)? ___ Yes ___ No

If yes, please describe: _____

How did you hear about the Dodge City Public Library Volunteer program? _____

Please provide two references

REFERENCE #1	REFERENCE #2
Name	Name
Email Address	Email Address
Phone	Phone
Relationship	Relationship

Agreement and Signature

Thank you for taking the time to complete this application and for your interest in volunteering with us. By submitting this application, you affirm that the facts set forth in it are true and complete. You also understand that if you are accepted as a volunteer any false statements, omissions, or other misrepresentations made by you on this application may result in your immediate dismissal.

Signature: _____

Date: _____

It is important that your experience here be a rewarding and fulfilling one. Please take a few moments and answer the following questions to help make sure your goals are being met and that your relationship with us remains positive and enjoyable. Please feel free to use the back of this page if necessary.

What attracted you to the Dodge City Public Library Volunteer program? _____

What would you like to get out of your volunteer experience? What would make you feel you have been successful?

What have you enjoyed most about other volunteer positions or work experiences? _____

What skills and qualities do you feel you have to contribute to the Dodge City Public Library? _____

Describe your ideal supervisor. What sort of supervisory style do you prefer to work with? _____

Anything else you'd like to tell us? _____

THANK YOU! We will get back to you as quickly as possible upon receiving your application