

Richardson Public Library Volunteer Application

Contact Information					
Date Application Completed					
Last Name					
First Name					
Nick Name					
Street Address					
City / ZIP Code					
Home Phone/Cell Phone					
E-Mail Address					
Date of Birth (Optional)					
Education (check highest earned) High School /GED Undergraduate Degree Graduate/Professional Degree					
College or University you attended: Degree/Major: Special Training:					
If you are under 18 please provide your: School name: Grade level:					
I am seeking this volunteer position to: Satisfy school/class/scholarship Community Service requirements Number of hours needed: Date by which hours must be completed:					
☐ Become a regular volunteer					
Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please list the charge:					

	short term - 3 months		intermediate - 6 to 9 months		long term-more than 9 months		
Availability When are you available for volunteer assignments? (Specify day of the week and time)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning hours							closed
Afternoon hours							
Evening hours					closed	closed	closed
Shelf reading Sorting Foreign langua Arts and Crafts Organize maga Shelving Clean/Dust she Inventory	age S azines	that apply	News Local Watch Assist Unde	paper indexing History h movies select with library restand Dewelon to books or plant care	ected for rep programs y Decimal Sy	air /stem	
Special Skills of Summarize special through other actions of the special skills of Summarize special through other actions of the special skills of the sp	l skills and q	ualifications yo	ou have acquire	d from emplo	oyment, prev	vious volunted	er work, or

Previous Volunteer Experience Please list any previous volunteer experience							
Person to Notify in Cas	Person to Notify in Case of Emergency						
Full Name							
Relationship							
Street Address							
City ST ZIP Code							
Home Phone, Work Phone							
Cell Phone							
I will be available to volunteer starting Month: Day: I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the library. If I am unable to fulfill a scheduled time for any reason, I am to notify my library							
supervisor as soon as possible. I also agree photograph(s), audio, or video(s) of me may be used by the Richardson Public Library for publicity purposes in newspaper/TV/radio and on the RPL website.							
Applicant's Signature:		Date:					
For Library Use Only – Placement		Teen Volunteer □					
Department: Position Title:							