

SIouxLAND LIBRARIES

VOLUNTEER APPLICATION FORM

First & Last Name: _____

Phone Number and/or email address: _____

Is this a required community service opportunity?

(Please circle a response) **Yes No**

If yes, list required hours: _____

**Siouxland Libraries does not accept applications with court-ordered community service or group volunteer opportunities.*

Briefly describe any previous volunteer experience

(optional). _____

☐ **Do you have any prior experience with libraries?**

AREAS OF INTEREST:

For additional details on each area, please visit our website.

(Please check all that apply):

- ☐ Materials Handling
- ☐ Event Assistance
- ☐ Library Beautification
- ☐ Community Room Visit Assistance
- ☐ Home Delivery Material Selection
- ☐ Daycare and Home Delivery
- ☐ Teen Advisory Board

I would be interested in volunteering at the following marked branch libraries:

(check all that apply):

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Baltic | <input type="checkbox"/> Garretson |
| <input type="checkbox"/> Brandon | <input type="checkbox"/> Humboldt |
| <input type="checkbox"/> Caille | <input type="checkbox"/> Oak View |
| <input type="checkbox"/> Colton | <input type="checkbox"/> Prairie West |
| <input type="checkbox"/> Crooks | <input type="checkbox"/> Ronning |
| <input type="checkbox"/> Downtown | <input type="checkbox"/> Valley Springs |

What days and times are you available to volunteer?

(check all that apply):

- | | | | |
|------------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |

Applicant Signature:

Today's Date

For applicants under 18:

Birth Date: ____/____/____

☐ I have completed the 7th grade.

Parent/Guardian Signature

Today's Date