Mildred Whipple Library VOLUNTEER APPLICATION

Thank you for your interest in volunteering for the North Douglas Library
District. Please fill out this application, and the accompanying Volunteer
Interest Survey, to help us determine the best fit for you at the library. When
completed, please return to the Mildred Whipple Library, Volunteers should be prepar

completed, please return to the Mildred Whipple Library. Volunteers should be prepared to commit to a minimum of 2 hours per week for at least 3 months.

GENERAL INFORMATION	
FULL NAME:	
APPLICATION DATE:	DATE AVAILABLE:
VOLUNTEER POSITION APPLYING F	FOR:
Birthday:	SSN*:
*All applicants interested in working as a NDI applicants under the age of 18 will need a parent or g	LD volunteer are subject to a criminal background check. All guardian signature.
ADDRESS:	
MAILING ADDRESS: I have filled out the NDLD Volunteer Into	erest Form Yes No
Last 3 books read (audiobooks count!): 1 2 3	
CONTACT INFORMATION AND SO	CHEDULE
Phone: (<u> </u>

North Douglas Library District's Mildred Whipple Library

Email:	<u>@</u>
In case of emergency, please notify:	
Name:	Phone:
Relationship:	
	ou interested in volunteering? (Please note that the North s per week.)
TECHNICAL KNOWLEDGE, SKI	LLS, AND RELEVANT EXPERIENCE
Typing Speed (wpm):	
Can you operate a computer?	Yes No
Describe your computer operation skill	ls (including programs used):
Do you speak a language other than En If so, what language(s)? What relevant education, work, and/or benefit the North Douglas Library Dist	
LICENSES AND CERTIFICATES	
Please list any licenses and/or certification Library District as a volunteer.	ns you have that would benefit the North Douglas
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•	•
•	•

VOLUNTEER INFORMATION

What motivates you to want to share your time as a volunteer? Check all that apply.					
I want to use the extra time I have in a worthwhile way.					
I want to get involved in my community and support the library.					
I have friends or relatives who already volunteer at the library.					
I want to learn a specific skill. If so, what?					
I want to earn an out of district card.					
Other (please specify)					
Are you planning to use this volunteer experience to fulfill requirements for a class,					
community service, or to gain new skills toward a career? Yes No					
If so, please explain how we can help:					
Do you have any physical limitations or medical conditions that might affect the work you can do? Yes No If so, please explain:					
Do you have any allergies? Yes No If so, please explain:					
NORTH DOUGLAS LIBRARY DISTRICT MISSION & VISION STATEMENT					
MISSION: The North Douglas Library District empowers individuals and strengthens communities by providing access to information, space to express ideas, and resources for exploring the world.					
VISION: Inspiring a vibrant, engaged community.					
How will you, as a volunteer, help the North Douglas Library District further our mission and vision statement (to be filled in during volunteer interview)?					

Is there anything this application rebeing approved?				n _ _
Photo release (select one): ☐ I give the North Douglas Library limited to, printed materials, soci ☐ I do not give the North Douglas I reason.	District permissi	on to publish m	y photo (including, but no	_ _ ot
I have read the North Douglas Lib criminal background check.	orary District's V		y and agree to submit to	a
I understand that I am not an emp affiliations and I am acting as an u volunteers are on an "at-will" basi work are available.	ployee of the Nor inpaid, independ is and will be util	th Douglas Lib ent volunteer.	I also understand that	
Signature:			2:	

Thank you for taking the time to complete this form. The North Douglas Library District appreciates your interest and a staff member will be in contact soon about your application. If all volunteer positions are currently filled, applications will be kept on file for 6 months.

The North Douglas Library District reserves the right to deny any volunteer applicant.