

**GARDEN CITY LIBRARY
VOLUNTEER ENROLLMENT FORM**

RECEIVED BY:
DATE:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ E-mail: _____

If under 18 please list parent &/or guardian name: _____

Phone number: (H) _____ (C) _____

I. Skills and interests:

1. Educational background
2. Current occupation
3. Hobbies, skills, interests

II. Previous volunteer experience:

III. Availability:

At what times are you available to volunteer?

IV. How did you hear about us?

- Saw advertisement Volunteer Center
 From patron of the library referred by friend/volunteer From agency/school
 Other: _____

V. Preferences in volunteering:

1. Is there a particular type of volunteer work in which you are interested? (Please check all that apply)
- No preference
 - working directly with a staff person as assistant
 - helping around the office in general administrative duties
 - doing research, training or an individual projects
 - working occasionally on group project
 - Other: _____

2. Is there a person or group with whom you are particularly interested in working? (Please check all that apply)

- No preference
- Adults
- Seniors
- Teens
- Children
- People with Disabilities
- Males
- Females
- Other: _____

3. Are there any groups with which you would not feel comfortable working?

- No
- Yes: _____

4. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

- No
- Yes: _____

If yes, how may we best accommodate you and your needs?

VI. Background Verification:

1. Have you ever been convicted of a criminal offense?

- No
- Yes: _____

2. Have you ever been charged with neglect, abuse, or assault?

- No
- Yes: _____

3. Has your driver's license ever been suspended or revoked in any state?

- No
- Yes: _____

VII. References:

Please list two non-family references that we might contact:

1. _____ phone: _____

2. _____ phone: _____

GARDEN CITY PUBLIC LIBRARY
VOLUNTEER EMERGENCY INFORMATION

Volunteer Name:

-If under 18, parent / guardian name & contact number: -

Address: _____

Phone # _____

Medical Conditions:

Allergies:

Emergency Contact:

Name: _____

Address: _____

Phone # _____ Relation: _____

Physician:

Name: _____

Address: _____

Phone # _____

Hospital Preference:

Name: _____

Address: _____

Phone: _____

GARDEN CITY PUBLIC LIBRARY VOLUNTEER STATUS AGREEMENT

I, _____, agree and understand that any work that I may perform on behalf of the Garden City Public Library will be provided on a voluntary basis, and that I do not expect payment or other compensation for performing such work. I further understand that a volunteer position does not constitute an employee-employer relationship with Garden City Library.

I agree to conform to the rules and regulations of Garden City Library. I agree to respect the confidential nature of the information that I may become aware of as a volunteer for Garden City Library.

I understand that I will begin service on a reciprocal trial basis. I agree to participate in orientation and training.

I understand that a law enforcement clearance will be obtained if required for my assignment and that references will be contacted. There is a separate form to complete authorizing a law enforcement background check.

Volunteer

Date

If under 18, parent/guardian

Date

Supervisor

Date