



417 Sycamore St., Clarkston, WA 99403
www.asotincountylibrary.org | Phone: 509-758-5454

VOLUNTEER APPLICATION

For Adult Applicants | Please Print Clearly

We appreciate your interest in the Library. Thank you taking the time to complete this application.

ABOUT YOU

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Please circle:

What age group do you belong to? 18 – 34 years old 35-54 years old 55 years+

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

How did you hear about our volunteer program? _____

VOLUNTEER INFORMATION

Do you volunteer now? Yes No If yes, where?

Please feel free to list any special skills or interests you think would benefit the library:

Do you have any limitations we should be aware of (eyesight, hearing, lifting restrictions, etc.)?

Mark all skills or interests you have:

- Assist with Asotin County Fair Library Booth
- Assist with Children, Teen and/or Adult Programs
- Assist with Summer Reading Program
- Book Cleaning
- Book Mending
- Cleaning/Dusting
- Creation Space Programs
- Distribute Publicity Materials
- Friends of the Library Book Sale Preparation
- Homebound Delivery
- Program Preparation
- Providing Refreshments for Programs
- Shelver/Shelf Reading
- Watering Plants
- Wednesday Shelves (shelve children's picture books)
- Other _____

AVAILABILITY Please circle all that apply

Monday	AM	PM	Tuesday	AM	PM
Wednesday	AM	PM	Thursday	AM	PM
Friday	AM	PM	Saturday	AM	PM

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

VOLUNTEER APPLICANT'S STATEMENT

I understand that I am applying to be an unpaid volunteer for the Asotin County Library and that this application is not an application for employment. I understand that nothing in this application is intended to imply or create an employment relationship or a contract for employment.

If I am accepted into the Asotin County Library's volunteer program, I agree that I will abide by the requirements of the program policies and procedures of the Library and accept to fulfill agreed upon time commitments.

I acknowledge I will be subject to a background check as a condition of volunteering; additional Background Check Policy form must be completed. A final offer is contingent upon receipt of a report finding "no evidence."

Signature: _____ Date: _____

Asotin County Library Background Check Policy

Asotin County Library will do a background check on all newly hired employees and volunteers as required by state law, R.C.W. 43.43.830 through R.C.W. 43.43.845, for all newly hired employees or volunteers who will be working with children or other library customers who fit the unsupervised access to children sixteen years of age and under, developmentally disabled persons, or vulnerable adults. A tentative offer of employment will be made. A final offer is contingent upon receipt of a report finding “no evidence”.

Full name (print): _____

Date of Birth: _____

Signature _____

Approved June 20, 2001 by the Asotin County Library Board of Trustees.