



## VOLUNTEER REGISTRATION FORM

Albany Public Library  
2450 14th Avenue SE  
Albany, OR 97322  
541-791-0112

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have any health considerations you would like us to know about? Yes No

If yes, give a brief description: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Education

Are you a student? Yes No What grade? \_\_\_\_\_ Name of school: \_\_\_\_\_

College? Yes No Degree: \_\_\_\_\_ Major: \_\_\_\_\_

### Experience and skills

Are you presently employed? Yes No Retired? \_\_\_\_\_

Current employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ May we call you at work? Yes No

Have you had previous volunteer experience? Yes No

Have you ever volunteered at the Albany Public Library? Yes No Year: \_\_\_\_\_

### List name and address of an organization where you have volunteered, if applicable::

Organization: \_\_\_\_\_ Location: \_\_\_\_\_

Supervisor name & phone : \_\_\_\_\_

Type of work: \_\_\_\_\_ Year: \_\_\_\_\_

(over)

**Help us find the best volunteer placement for you:**

List any special skills, interests, or hobbies that might apply at the library \_\_\_\_\_

Where would you prefer to volunteer?      Main      Carnegie (Downtown)

**Availability:** Please indicate the hours and days you may available to volunteer.

**Do you have a driver's license?**      Yes      No

**References and additional information:**

Please list two people (non-relatives) who have knowledge of your character, experience, or ability:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Have you ever been convicted of a crime?**      Yes      No

If yes, please give a brief description of the circumstances surrounding your conviction: including date, nature and place of offense and dispositions. (Do not include violations or convictions sealed or annulled by court, or convictions incurred as a minor and expunged from the record). Convictions will not necessarily disqualify you from the position for which you are applying.

I declare that I have answered truthfully and have not knowingly withheld any information relative to my application.

I agree and understand that any omissions or misstatements on the application will result in my being eliminated from further consideration, or, if it becomes known after acceptance, my immediate dismissal from further volunteer work. I agree to work within my assigned area of responsibility without any monetary compensation, and be subject to worker's compensation coverage while on the job. I agree to follow all library and volunteer policies and procedures and I understand that while working as a volunteer, I will also positively represent the library as does paid staff members.

**By signing this application I agree to the above, and acknowledge that my references may be called and/or a criminal background check may be performed.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's signature (if applicant is under 18):** \_\_\_\_\_

If you have any questions regarding this application or the Albany Public Library volunteer program, contact LaRee Dominguez, Library Resources Coordinator at 541-791-0112 or [lareedominguez@cityofalbany.net](mailto:lareedominguez@cityofalbany.net)

**STAFF USE:**

**Interview date:** \_\_\_\_\_ **Start date:** \_\_\_\_\_

**Placement:** \_\_\_\_\_

**Notes:** \_\_\_\_\_