

# Volunteer Application



## Personal Information

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

What is the best way to contact you? Phone  Email

\_\_\_\_\_  
Birthdate

In case of emergency contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

How many hours a week are you available to volunteer weekly? 1-2 3-4 5-6

What days/times are you available to volunteer? M T W Th F Sat am pm

Why do you want to volunteer at the Mount Vernon City Library?

\_\_\_\_\_  
\_\_\_\_\_

Please list any special skills, education, hobbies that would help you with your volunteer position:

\_\_\_\_\_  
\_\_\_\_\_

Please list any physical or other special needs that should be considered in your volunteer placement:

\_\_\_\_\_  
\_\_\_\_\_

Areas of Interest:

- Youth Services - shelving, cleaning toys and furniture, children's program support
- Public Services - adult program support, cleaning and shelving materials, weeding and watering container garden
- Event Support - setting up events, answering attendee questions, breaking down events

I understand that if I am accepted as a volunteer candidate that I will need to give permission for an authorized representative of the City to conduct a state patrol criminal background check in accordance with RCW 43.43.830-839.

## Applicant Signature

\_\_\_\_\_  
Date

**Volunteers must be at least 16 years old. If under 18, Parent or Guardian Signature required**

\_\_\_\_\_  
Date

Please return completed application AND picture or photocopy of Photo Identification to the Mount Vernon Library Commons, or email documents to [mvlibrary@mountvernonwa.gov](mailto:mvlibrary@mountvernonwa.gov) Questions? Call the library at 360.336.6209