

# Volunteer Application

Application Date:		
Full Name:		Date of Birth:
Home Address:		
City:	State:	Zip:
Mailing Address if different:		
City:	State:	Zip:
Primary Phone:		Secondary Phone:
Email:		Fax:
Preferred contact time:		Hours available per week:
Emergency Contact:		Phone:
Driver's License #		
(Must attach copy)		Expires:
Education: Circle last year of school completed. Area of study or interest.		Year:
8, 9, 10, 11, 12 Some college, Bachelors, Masters, Doctoral		
Training or Skills:		
Languages other than English:		
Do you have any condition which would limit your volunteer activities?		
If yes, please explain:		
What days are you available?		
Current or recent employer:		
Your position:		
Address:		Phone:
<b>References:</b>		
Name:		Relationship to you:
Address:		Phone:
Name:		Relationship to you:
Address:		Phone:
Name:		Relationship to you:
Address:		Phone:

Why would you like to volunteer?

Blank space for handwritten answers to the question above.

Yes No

Select all categories that interest you:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Book Finder      | <input type="checkbox"/> Friends Book Sale     | <input type="checkbox"/> Process Items                |
| <input type="checkbox"/> Clerical         | <input type="checkbox"/> Greeter               | <input type="checkbox"/> Repair Books                 |
| <input type="checkbox"/> Computer Classes | <input type="checkbox"/> Little Free Libraries | <input type="checkbox"/> Special Collections Archives |
| <input type="checkbox"/> Computer Monitor | <input type="checkbox"/> Maintain Book Shelves | <input type="checkbox"/> Special Events               |
| <input type="checkbox"/> Data Entry       | <input type="checkbox"/> Prepare Mailings      | <input type="checkbox"/> Tutoring                     |

Statement of Agreement

Please read each statement and initial on the appropriate line.

- I agree to abide by all of the Policies and Procedures of the City of Longview while volunteering.
- I agree not to consume use, possess, or be under the influence of any drugs or alcohol products while volunteering.
- I agree that any conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise negatively affect public perception of the City of Longview will result in dismissal with no prior notice or warning.
- I agree that my volunteer assignment will have a trial and assessment period.
- I agree that my volunteer assignment may be changed, ended or terminated at any time.
- I agree that depending upon the nature of the volunteer assignment, the City of Longview may deem is necessary to obtain a Driver's License Record and or a Criminal Conviction History and Wanted Information Reports on individuals volunteering for the City of Longview. I hereby consent to the City of Longview to make any requests for a Driver's License Record, a Criminal History Report, and or a Wanted Information Report on me. I release, relinquish, and remise the City of Longview, its employees, agents, and representatives, from any and all causes of action or liability which I may have or which arise out of, or as a result of, the reports herein authorized. Furthermore, I understand that my failure to execute this informed consent will result in my not being further considered for employment or volunteerism.
- I have NOT been convicted and or placed on probation for any criminal offense.

If you HAVE been convicted and or placed on probation, then list the date and type of the offense.  
\_\_\_\_\_  
\_\_\_\_\_

By signing I agree to the above statements.

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

Full Name (Please Print) \_\_\_\_\_

Please return the completed application to the Longview Public Library  
222 W. Cotton St., Longview, TX 75601 903-237-1350  
Please call or e-mail Taylor Harding to set up a screening interview.  
903-237-1346 or tharding@longviewtexas.gov