



Volunteer Application Form

(Please complete both sides.)

Name: _____ Date: _____

Mailing Address: _____

Home Phone: _____ Cell phone: _____

Best number/time to call: _____ Email: _____

Emergency Contact Name and Phone Number: _____

Volunteer interests

Volunteer position(s) you're interested in: _____

Preferred category of service (please check):

- Standard commitment
*(The Library asks volunteers to commit to at least
Two hours per week for at least **six** months.)*
- Other _____

If you are a student please complete the following:

School: _____

Grade/Year: _____ Age (if under 18): _____

Preferred location:

- Clallam Bay Branch Forks Branch Port Angeles Main Library Sequim Branch

Preferred day(s):

- Monday Tuesday Wednesday Thursday Friday Saturday

Preferred time of day: Morning Afternoon Evening No preference

Why are you are interested in volunteering at NOLS?

Interests, special skills, training, or languages spoken:

Employment experience:

Volunteer experience:

Reference Information

Have you been convicted of a felony within the last ten years? Yes No

If yes, please explain. *Answering "yes" does not mean you are disqualified from all volunteer positions.*

Please provide two personal or work-related references (students may use teachers):

1. Name: _____ Relationship: _____

Phone: _____ Email: _____

2. Name: _____ Relationship: _____

Phone: _____ Email: _____

I understand and agree that (as a volunteer who is 18 years or older) I will be required (before placement in a volunteer position) to have a Washington State Patrol background check (at no cost).

I authorize North Olympic Library System to make inquiries as to my experience and character and I certify that the information provided above is accurate.

I acknowledge that there is no salary or other compensation for my services as a volunteer.

Signature: _____ Date: _____

(if you don't have a digital signature, initial here)

Signature of parent or guardian: _____

(Required if applicant is under age 18)

(if you don't have a digital signature, initial here)

Thank you for your interest in volunteering with the North Olympic Library System!

Please return application to:

Volunteer Coordinator
North Olympic Library System
2210 S. Peabody
Port Angeles, WA 98362

Email: volunteer@nols.org

For Library Use _____
