NOLS
NORTH OLYMPIC LIBRARY SYSTEM

Volunteer Application Form
(Please complete all pages.)

Name:_____ Date:_____

Mailing Address: _____ City:_____ State:_____ Zip:_____

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 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):

Name:_____

Relationship:_____

Phone:_____   Email:_____

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   (if you don't have a digital signature, initial here ↑)   DATE
OF APPLICANT

_____   _____
SIGNATURE   (if you don't have a digital signature, initial here ↑)   DATE
OF PARENT (Required if Applicant is under age 18)

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

Please save and email this application to volunteer@nols.org