



# 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 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](mailto:volunteer@nols.org)

For Library Use \_\_\_\_\_

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