

Volunteer Application Form

(Please complete both sides.)

Full Name:			[Date:		
	First	Middle	Last			
Mailing Ad	dress:	City:		State:Zip:		
Phone:		Email:				
Emergen	cy Contact Name:		Relationsł	nip:		
	Phone:		Email:			
Volunteer interests						
Volunteer position(s) you're interested in:						
Preferred category of service (please check):			If you are a stud	ent please complete the follo	owing:	
□ St	andard commitment		School:			
(Tł	ne Library asks volunteers t vo hours per week for at le		Grade/Year:	Age (if under 18):		
Summer Reading Program (Teen Volunteers)						
□ Other						
Preferred location:						
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, s	pecial skills, training, or l	anguages spoken:				

Employment experience:				
Volunteer experience:				
Reference Information				
If yes, please explain. Answering "yes	within the last ten years?			
Please provide two personal or wor	k-related references (students may use teachers):			
I. Name:	Relationship:			
Phone:	Email:			
Name:Relationship:				
Phone:	Email:			
I understand and agree that (as a vol volunteer position) to have a crimina	unteer who is 18 years or older) I will be required (before placement in a al background check (at no cost).			
I authorize North Olympic Library S the information provided above is ad	ystem to make inquiries as to my experience and character and I certify that courate.			
I acknowledge that there is no salary	or other compensation for my services as a volunteer.			
Signature:	rre: Date:			
Signature of parent or guardian:	(Required if applicant is under age 18)			
Thank you for your in	terest in volunteering with the North Olympic Library System!			
Please return application to: HR & Business Manager North Olympic Library System 2210 South Peabody St. Port Angeles, WA 98362	For Library Use:			
Email: volunteer@nols.org				