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| **Volunteer Application** STAR Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| E-Mail Address |  |
| Employer/School |  |
| Education  Name and City of School/Program |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Personal References

### Provide contact information for two personal references.

|  |  |
| --- | --- |
| **Reference 1** |  |
| Address |  |
| Phone Number |  |
| **Reference 2** |  |
| Address |  |
| Phone Number |  |

## Service Credit

### Provide details of needed service hours.

|  |  |
| --- | --- |
| How many hours needed |  |
| Date needed by |  |

## Skills & Experiences

### Describe any work/volunteer experience you have. In what areas do you feel you have moderate to excellent skills?

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| --- |
|  |

## Why do you want to volunteer?

### Tell us what motivates you to volunteer and why you chose the library.

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|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Medical and Physical Conditions (Allergies, etc.)

### Do you have any physical or medical conditions (allergies, etc. of which we should be aware? Circle one.

No Yes

If yes, explain.

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| --- |
|  |

## Signature

### I certify that the information provided in this application is true and correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

## Agreement and Signature

## (To be signed and completed after orientation.)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and agree to the following terms concerning the assignment offered to me by HMCPL.

I have read and understand the volunteer orientation packet given to me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at my volunteer orientation, and agree to comply with the parameters within.

I understand and will adhere to the sign-in requirements of HMCPL. I will sign in at the beginning of each shift and at the end of each shift.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with HMCPL.