



Bondurant Community Library

104 2nd St, NE Bondurant IA, 50035 515-967-4790 www.bondurant.lib.ia.us

Volunteer Application

This agreement is intended to indicate the importance with which we treat our volunteers. The intent of the agreement is to assure you both of our appreciation for your services and to indicate our commitment to make your volunteer experience both productive and meaningful.

Date _____

Last Name _____ First Name _____ Date of Birth _____

Address City, State, Zip-

Daytime Phone: _____ Evening Phone _____

What is the best to communicate with you? (Check One) Day Phone Evening Phone

School Name _____ Grade that currently in? _____

1. What hours are you **available**?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

2. Please tell us about your interests and skills and why you want to volunteer at the Library:

3. What made you decide to volunteer here?

4. What is your experience in working in the library?

5. Are your volunteer hours a requirement for a class or school ____ Yes ____ No (If yes, explain).

6. Emergency Contact: Name _____
Phone _____

I, _____, agree to serve as a volunteer for Bondurant Community Library and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to Library rules and procedures.
3. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.

Parent/Guardian Signature (If volunteer is under 15) _____ Date _____

Volunteer Signature _____ Date _____

It is important for the protection of our clients each volunteer will be have a mandatory back ground check. Please sign below to authorize a back ground check.

Parent/Guardian Signature (If volunteer is under 15) _____ Date _____

Signature _____ Date _____

Return all applications to Volunteer Coordinator 104 2nd St SE Bondurant, IA, 50035.