



FERN RIDGE PUBLIC LIBRARY

88026 Territorial Road • PO Box 397 • Veneta, OR 97487

Phone 541.935.7512 • Fax 541.935.8013

www.fernridgelibrary.org

Adult Volunteer Application (All applicants must be 18 or older)

Name: _____ Telephone: _____

Birthday: _____

Mailing Address: _____

Email Address: _____

Preferred Method of Contact: _____

SSN*: _____

(All applicants interested in working directly with children will be subject to a background check.)

In case of emergency, please notify:

Name: _____ Telephone: _____

Relationship: _____

We ask that volunteers commit to at least **3 months** of volunteering. Volunteers must complete 2 hours of volunteering to earn volunteer status, and must then complete 2 hours per month to maintain volunteer status for both in district and out of district volunteers. Volunteers will be asked to schedule their 2 hour requirement on a calendar. Any additional shifts can be scheduled at the discretion of the volunteer.

What position are you applying for? (For a list of open positions please speak with a staff member.): _____

What motivates you to want to share your time as a volunteer? Check any that apply.

- I want to use the extra time I have in a worthwhile way
- I want to get involved in my community and support the library
- I have friends or relatives who already volunteer at the library
- I want to learn a specific skill. If so, what? _____
- I want to work off fines
- I want to earn an out-of-district card
- Other (please specify) _____

Are you planning to use this volunteer experience to fulfill requirements for a class, community service, or to gain new skills toward a career?

_____ Yes How can we help? _____
_____ No



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How did you learn about the library's volunteer program? _____

How many hours per month could you spend as a volunteer? _____

(Please note that the library suggests volunteering between 2-6 hours per month. If additional hours are needed, please speak with the Volunteer Coordinator.)

Do you have any physical limitations or medical conditions that might affect the work you can do?

_____ Yes Please explain: _____

_____ No

Education, work, and volunteer experience (current or applicable):

Do you have any special skills that you feel will help you in volunteering?

Besides volunteers who help with our daily operations, many individuals in non-profit groups donate their time and effort by attending meetings and planning events in support of the library. If you are interested in joining any of these groups, check any that apply: (Please ask a staff member for more information!)

- _____ FRL Foundation: raises private money, secures grants
- _____ Friends of FRL: sponsors book sales and fundraising, offers community programs
- _____ Grounds Committee: maintains landscaping

Do you give your consent to a criminal background check?

_____ Yes _____ No

Signature: _____ Date: _____

Thank you for taking the time to complete this form. The library's Volunteer Coordinator appreciates your interest and will be contacting you soon.

*Your SSN is required in order to receive Worker's Compensation if necessary.

The Fern Ridge Library reserves the right to deny any volunteer applicant. All applications will be kept on file for 6 months following the application date.