



Santa Barbara Public Library  
 40 E. Anapamu Street  
 Santa Barbara, CA 93102  
 (805) 564-5634

## VOLUNTEER APPLICATION

Return your completed application to the above address, Attn: Volunteer Coordinator.

### GENERAL INFORMATION

Name \_\_\_\_\_ Birthday \_\_\_\_\_  
 Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email address \_\_\_\_\_ Best time/way to reach you \_\_\_\_\_  
 How did you learn about volunteering with the Library? \_\_\_\_\_  
 Are you now or ever been employed by the City of Santa Barbara?  Yes  No If yes, date(s) \_\_\_\_\_  
 Do you have any physical or health restrictions?  Yes  No If yes, explain \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No  
 If Yes, on a separate sheet of paper, give the following information for each offense: (1) date, (2) charge, (3) place, (4) court and (5) action taken. You may omit any offense rendered final in a juvenile court, under a youth offender law, or listed in labor code section 432.8. A conviction will not necessarily disqualify you from employment. False statements or omissions of convictions(s) shall be just cause for disqualification from volunteering.

### VOLUNTEER PREFERENCES & AVAILABILITY

Are you applying for a specific volunteer position?  Yes  No If yes, which position \_\_\_\_\_

Check your reasons or goals for volunteering with the Library.

<input type="checkbox"/> Social interaction & meeting new people <input type="checkbox"/> Learning about the Library and its collection <input type="checkbox"/> Completing _____ hours of required community service for <input type="checkbox"/> Learning new skills (specify) _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Giving back to the community <input type="checkbox"/> Gaining a recommendation for work or college <input type="checkbox"/> School <input type="checkbox"/> Other _____
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Check the ways in which you would enjoy helping the Library.

<input type="checkbox"/> Book shelving <input type="checkbox"/> Graphic Arts <input type="checkbox"/> Working alone <input type="checkbox"/> Other _____	<input type="checkbox"/> Book processing <input type="checkbox"/> Data processing <input type="checkbox"/> <u>or with</u> <input type="checkbox"/> Adults	<input type="checkbox"/> Literacy programs <input type="checkbox"/> Art/creative tasks <input type="checkbox"/> Adults	<input type="checkbox"/> Organizing/clerical <input type="checkbox"/> Coordinating events <input type="checkbox"/> Teens <input type="checkbox"/> Children	<input type="checkbox"/> Cleaning books/shelving <input type="checkbox"/> Assisting with events <input type="checkbox"/> Children
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What is your availability for volunteering?

		Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Hours per week _____	Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start date _____	Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End date _____	Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SKILLS, EDUCATION, TRAINING & EXPERIENCE

Check any special skills or experience you have.

Library skills:  Circulation  Shelving  Mending books  Other \_\_\_\_\_

With Children:  Storytime  Reading Program  Crafts  Other \_\_\_\_\_

Strong computer skills:  PC  MAC  Word  Excel  Other \_\_\_\_\_

Graphic Arts  Designing displays  Arts/crafts  Professional writing/editing

- Fundraising     Publicity/Marketing     Supervision     Events Coordination  
 Clerical     Literacy tutoring     Languages other than English \_\_\_\_\_

Education Completed  
 High School     College Degrees \_\_\_\_\_

List any training, certificates, licenses, or other skills related to library work or the position for which you applied.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide volunteer and/or relevant work experience related to library work or the position for which you applied.

Organization	Job Title Start & End Dates	Duties	Supervisor's Name & Phone Number

May we contact the organizations listed above?  Yes  No  
 If no, please explain. \_\_\_\_\_

What activities are you involved with now such as organizations, school, work, family, hobbies, interests, etc.?  
 \_\_\_\_\_  
 \_\_\_\_\_

List two professional and/or personal references.  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Is there anything else you would like to share about yourself?  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_  
*The following information is used only in the event of an emergency where the volunteer is unable to respond.*  
 Regular medications \_\_\_\_\_  
 Physical or mental disabilities or limitations \_\_\_\_\_  
 Chronic conditions (allergies, diabetes, other) \_\_\_\_\_  
 Are you under a doctor's care?  Yes  No Physician \_\_\_\_\_ Phone \_\_\_\_\_

**CERTIFICATION & SIGNATURE(S)**

I certify that this application and any supplemental information is true to the best of my knowledge and belief, and understand that false statements, information, or willful misrepresentation shall be just cause for rejection of this application or subsequent discharge. This application must be signed in ink and dated.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/guardian signature if applicant is a minor \_\_\_\_\_ Date \_\_\_\_\_