



APPLICATION FOR VOLUNTEER SERVICE

The information on this form will be helpful to us in finding the most satisfying volunteer service for you. Your cooperation in completing it is most appreciated. Upon completion, please drop off at your preferred branch location.

Name _____

Age:

Address _____

12-under16 (please complete additional Parent Permission Form)

City _____ State _____ Zip Code _____

16-18

Phone (Home) _____ Phone (Work) _____

18-39

Email _____

40-65

Physical Limitations _____

over 65

Person to notify in case of emergency:

Name _____ Phone _____

Volunteer Experience _____

Previous Library Experience _____

Special Skills and Interests _____

Availability for volunteer service: Weekdays Hours available _____

Weekends Hours available _____

Do you prefer a regular commitment (minimum time of two hours per week) or a short-term project?

Regular Short-term Special Events and Projects

Have you ever volunteered or been employed by High Plains Library District?

Yes No If yes, when? _____

Are any of your relatives volunteering or employed by the High Plains Library District?

Yes No If yes, who? _____

Do you prefer working at specific locations? Yes No

If yes, which ones do you prefer?

- Carbon Valley Regional Library
- Centennial Park Library
- Erie Community Library
- Farr Regional Library
- Kersey Library
- Lincoln Park Library
- Riverside Library
- HPLD Foundation

Why would you like to volunteer for the High Plains Library District? _____

AREAS OF INTEREST

Work with the Collection: Shelf Reading; Newspaper & Magazine Upkeep

Work with People: Summer Reading; Assist with Special Events or Large Programs; Homework Help (Riverside or Kersey)

Work with Stuff: Craft Project Preparation; Computer Task Work (i.e.: Data Entry, Label Printing, etc)

Affidavit - Please read each statement carefully before signing.

I certify that all information I have provided in this volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteering and may result in my dismissal if discovered at a later date.

I authorize the investigation of any and all statements contained in this application and also authorize any person, school, employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a background check. I hereby consent to a background check as a condition of volunteering.

As a volunteer, I acknowledge that I am not an employee or agent of the High Plains Library District for any purpose and am not entitled to receive any compensation including but not limited to wages, benefits, vacation, sick time, or any other benefit of employment, direct or indirect. Per the Colorado Worker's Compensation Act and Statutes, specifically C. R S. 8-40-202, as a volunteer I am not considered to be an "employee." Therefore, I am not eligible for workers' compensation benefits through the High Plains Library District. In the event of an injury requiring medical care, my personal health insurance will be responsible for payment of all medical care. I acknowledge I must abide by all applicable High Plains Library District policies.

I also agree to abide by Colorado Library Law by not discussing patron use information with other than those that may need to know.

Print Name: _____

Applicant's Signature _____

Date _____

Thank you for expressing an interest in our libraries. We will let you know if our needs meet your interest.

For library use only:

Date Interviewed _____

Branch Assigned _____

Department Assigned _____