

Klamath County Library

Bookie Joint Volunteer Application

Name _____ Date _____

Address _____ City _____ State/Zip _____

Phone (____) _____ - _____ message (____) _____ - _____ e-mail address _____

You must be 18 years of age to volunteer for the Bookie Joint

Have you previously worked as a volunteer? yes no

List volunteer positions you have held:

What Skills can you offer as volunteer?

Have you ever been employed by Klamath County? yes no

If yes, list dates of employment and position held _____

Are any of your household members or close family relatives currently employed by Klamath County? yes

no If yes, please list names and departments _____

As an adult have you been convicted of a criminal offense other than a minor traffic violation? yes no

If yes, please explain nature, date and place of the conviction _____

Do you currently have a valid driver's license? yes no State of Issue _____ License No. _____

Physical demands of volunteering in the library may include but are not limited to: standing, sitting, bending, stooping, reaching, lifting, carrying, pushing, pulling, climbing, kneeling, and crouching.

Are there any accommodations you might need to help you perform the duties we are asking of you? yes

no If Yes Explain: _____

Please list three personal or work-related references below.

Name	Phone	Address	Relationship/ Time Known

Volunteer Applicant's Certification and Agreement

I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I agree that if the information given in my application is found to be false in any way, it shall be considered sufficient cause for denial of volunteer status with Klamath County Library. I authorize past employers, references, and any other person to answer all questions asked concerning my employment, education, general reputation, character, and other qualities the Library deems pertinent to the assessment of my qualifications for volunteer and hereby release these individuals from any and all damages arising from furnishing any requested information. Please note that once submitted this application becomes the property of the Library. I understand that nothing contained in the volunteer application is intended to create a contract between the Klamath County Library and myself.

In consideration of my volunteering, I agree to comply with the policies, rules, regulations and procedures of the Klamath County Library, which I understand may change at any time and I understand that my status can be terminated with or without cause or notice, at any time, at the option of either the Library or myself.

VOLUNTEER APPLICANT'S SIGNATURE:

DATE: _____

Please return the application to the Bookie Joint or at the Circulation desk. You can also scan it and email it to **folklamath@gmail.com**

The **Friends of the Library** will contact you after they review your application.

For further inquiry about the Friends of the Library please email **folklamath@gmail.com**