



## Desert Foothills Library Volunteer Application

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Birthday (Month/Day) \_\_\_\_\_

### Volunteer Opportunities Available

Please indicate your department preference by number, then place an "X" by preferred duties

#### \_\_\_ Adult Services

- \_\_\_ Events
- \_\_\_ Homebound Delivery\*
- \_\_\_ Marketing/Promotion
- \_\_\_ Program Planning
- \_\_\_ Program Instructor/Presenter

#### \_\_\_ Chapter2 Books Bookstore

- \_\_\_ Book Store Sales Desk
- \_\_\_ Pricing/Shelving Books
- \_\_\_ Rare Book Research/Pricing
- \_\_\_ Internet Sales/Shipping Books
- \_\_\_ Monthly Book Sales

#### \_\_\_ Children's Activities

- \_\_\_ Shelving/Shelf Reading
- \_\_\_ Special Projects
- \_\_\_ Arts and Crafts/Story Prep
- \_\_\_ Story Time/Tutoring (adults only)\*

#### \_\_\_ Circulation Desk

- \_\_\_ Library Materials Check In/Check Out
- \_\_\_ Shelving
- \_\_\_ Shelf Reading

#### \_\_\_ Fundraising

- \_\_\_ Membership
- \_\_\_ Special Events

#### \_\_\_ Interlibrary Loan Processing

**\* Background check is required for adults in the position**

Special Skills \_\_\_\_\_

\_\_\_\_\_

Limitations \_\_\_\_\_

\_\_\_\_\_

**Preferred days and hours to work**

Please indicate day and time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of operation	Noon-4:00pm	9:00-6:00pm	9:00-6:00pm	9:00-6:00pm	9:00-6:00pm	9:00-6:00pm	10:00-4:00pm

Emergency Contact/Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Applicant Signature \_\_\_\_\_

**UNDER AGE 18**

Name: \_\_\_\_\_ has my permission to volunteer at DFLA

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**STATEMENT OF CONFIDENTIALITY**

On various occasions you may be assisting patrons with written and online registration, as well as tracking reading program progress and prize collection. We ask that you read and initial each line:

\_\_\_ I agree that I will not share the information that I collect with others and that I will keep each patron's information confidential.

\_\_\_ I agree that the library may publish pictures of me performing work in the library.

\_\_\_ I agree that I will not falsify the information of others or change their information without their consent.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU FOR CHOOSING DESERT  
FOOTHILLS LIBRARY!**