



Austin Public Library
800 Guadalupe, P.O. Box 2287, Austin, Texas 78768-2287
Telephone 512-974-7300

Adult Volunteer Application

I. Personal Information

Date _____				
Name _____				
Last		First	Middle	Date of Birth
Address _____				
Street		City	State	Zip
Telephone _____		Telephone _____		
Home		Business		
Fax Number/E-Mail Address _____				

II. Employment Information

Current Employer _____	
Position/Title _____	Duties include _____
Other Employment Experience (briefly describe) _____	

III. Education Information

High School: Diploma GED

Current school attending (if any) _____ Grade _____

Circle highest level of education completed: 1 2 3 4 5 6 7 8 9 10 11 12

 Under Graduate Post-Graduate Doctorate

Please list all degrees _____

IV. Volunteer Information

Have you ever volunteered before? _____ If so, where? _____

Brief description of duties _____

How did you hear about the Library's volunteer program? _____

Please note the skills, abilities, or interests below that are applicable to you:

_____ Previous library work	_____ Knowledge of audio-visual equipment
_____ Data processing/computer work	_____ Storytelling
_____ Typing/word processing	_____ Arts and crafts ability
_____ Knowledge of foreign language	_____ Knowledge of/work with historical material
_____ Please list: _____	_____ Experience with electronic resources

Other special interests, skills, or hobbies _____

Other organizations for which you **currently** volunteer _____

Physical limitations? (List) _____

Please list preferred library locations for volunteer assignment:

1) _____ 2) _____ 3) _____

I AM AVAILABLE FOR VOLUNTEER SERVICE:
(CHECK ALL TIMES THAT APPLY)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (9am-1pm)							
Afternoon (1pm-5pm)							
Evening (5pm-9pm)							

VI. Background Information

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?

Yes No If so, please list _____

Some volunteer positions may require a criminal background check through the Texas Department of Public Safety. An authorization form will be required.

Personal Reference _____ Relationship _____

Telephone _____
Home Business Cellular or Other

Professional Reference _____ Relationship _____

Telephone _____
Home Business Cellular or Other

VII. Emergency Contact Information

Person(s) to contact in case of emergency _____

Telephone _____
Home Business Cellular or other

I, _____, do hereby agree to indemnify and hold harmless the City of Austin from any and all claims or causes of action that may arise out of performance of my assigned duties. I waive any right of action I have against the City of Austin in consideration of my participation as a volunteer for the City.

I also understand that in my capacity as a City of Austin volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

Printed Name _____ Date _____

Signature _____

I would like to be a champion for the Austin Public Library. Please send me information on the Library's Support Groups.

FOR VOLUNTEER OFFICE USE ONLY:

- Badge
- Volunteer Timesheets
- Lunch/Breaks
- Schedule/Punctuality
- Supervisor Contact Information
- Statement of Policies
- Volunteer Guidelines
- Dress Code
- Policy Acknowledgment Form
- Criminal Background Check Authorization

Data Entered	Category	Start Date
Inactive Date	Resignation Date	Reason for Resignation
Release Date		Reason for Release