Berthoud Community Library District
Application for Volunteer Service

Name: _____Date:_____
Last First MI

Address: _____

Home Phone:_____Business Phone:_____

Person to be called in case of emergency:_____Phone:_____

Education: _____

Do you have any previous library experience? **Y** **N**
If yes, please describe:_____
_____

Other volunteer experience:_____

_____

Previous work experience:_____
_____

Computer/word processing experience:_____
_____

Special skills/interests:_____

Do you speak a foreign language or know sign language?_____

When are you available? Weekdays _____a.m. _____p.m. ____evenings
Weekends _____a.m. _____p.m.

Briefly, why do you want to volunteer here?_____

_____

Adult volunteers working in the Youth Services Department must have a background check before beginning to work. Please sign below to show that you authorize the Berthoud Community Library District to conduct a background check. Your social security number is needed for this:_____

Date:_____ Signature:_____