

**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 and Date of Birth must be provided.** **DOB** _____ **SS#** _____

Date: _____ Signature: _____