

REQUIREMENTS AND TASKS

Thank you for your interest in volunteering for Ada Community Library. Adult volunteers should:

- Be at least 18 years of age
- Complete an application
- Follow the same work and behavior policies as library employees
- Meet with the Volunteer Coordinator to set volunteer hours

Volunteer hours take place when the library is open. Volunteers are trained and supervised by the Volunteer Coordinator. Volunteers do not perform the same tasks as employees. Volunteers sign in and out to keep a record of their work hours. Volunteer duties may include:

- Shelving media
- Cleaning and dusting
- Sorting and boxing up donations
- Cleaning books and materials
- Working on projects for the Friends of the Library, such as the book sale
- Assisting with events such as Summer Reading and the World Music Celebration
- Trimming and weeding flower beds

Do you have any restrictions that may limit certain types of activities such as lifting boxes, reaching various shelf heights, moving tables, etc? (If yes, then please list only restrictions and not specific medical conditions.)

VOLUNTEER STATUS AGREEMENT

I agree and understand that any work that I may perform on behalf of the Ada Community Library will be provided on a voluntary basis and I understand that a volunteer position does not constitute an employee-employer relationship with the Ada Community Library.

I agree to follow the rules and regulations of the Ada Community Library. I agree to respect the confidential nature of information that I may become aware of as a volunteer for the Ada Community Library.

I understand that a background check will be obtained if required for my assignment and that references will be contacted.

SIGNATURES

Volunteer Applicant/Date

Volunteer Coordinator/Date

Volunteer Coordinator:

Dottie Olin
dolin@adalib.org
208-297-6700



ADA COMMUNITY
LIBRARY • adalib.org

LAKE HAZEL
BRANCH
10489 Lake Hazel Rd
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VOLUNTEER APPLICATION ADULT

Become a

Volunteer

*Share your expertise
Meet new people
Help your community*



PERSONAL INFORMATION

Name

Street or Mailing Address

City, State, ZIP

Phone

Email Address

Education completed:

Are you currently a student?

Yes

No

Name of school

Area(s) of study

Are your volunteer hours needed for class credit?

Yes

No

Are your volunteer hours court ordered?

Yes*

No

*If yes, how many hours are needed, and by when?

AVAILABILITY AND EXPERIENCE

What days and times are you available?

M-Th 9:30am-9pm, Fri 9:30am-6pm,
Sat 9:30am-5pm

When can you start volunteering?

Why would you like to volunteer?

List your previous volunteer experience:

What did you like/dislike about your volunteer experience?

Please list your interests, hobbies, skills, and community activities:

EMERGENCY CONTACT INFO

Name

Phone

Relationship

TWO REFERENCES

Name

Phone

Relationship

Name

Phone

Relationship