



Volunteer Program Application

To Applicant: Thank you for your interest in volunteering at the Bettendorf Public Library Information Center. Please provide the following information which will assist library staff in placing you in the position which best meets your qualifications and interests. ****Application does not guarantee admission to the program.****

PERSONAL INFORMATION

Email Address: _____ Date: _____

Name

Last: _____ First: _____ Middle Initial: _____

Present Address

Street: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Best time to be reached: _____

Age Group: Adult Less than 18 years ****Must be at least 14 years to apply to program. Applicants less than 16 years require parental permission to apply.****

If under 18 years, please complete the following:

Age: _____ Grade: _____ School: _____

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

Why are you interested in volunteering at the Library? _____

Is your interest related to a service learning project? Yes No

Organization: _____ Number of hours: _____ Deadline: _____

Have you participated in the Library's Volunteer Program in the past? Yes No

List any relative(s) working at the Library: _____

Specify days and hours preferred: All year Summer only Other _____

Hours available to volunteer: **(Most volunteer assignments are between 9 AM -5 PM, Monday through Friday.)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

If selected, when would you be available to start in the program? _____

Please list other skills, interests or abilities or qualifications you feel are a good fit for volunteer service with our organization. _____

EDUCATION: (Check highest level completed) Elementary
High School Technical School Some college
College degree Professional Training

VOLUNTEER EXPERIENCE

Organization: _____ Dates: From _____ To _____

Address: _____
(street) (city) (state) (zip code)

Phone number: _____

Type of business and work performed: _____

Organization: _____ Dates: From _____ To _____

Address: _____
(street) (city) (state) (zip code)

Phone number: _____

Type of business and work performed: _____

EMPLOYMENT EXPERIENCE

Organization: _____ Dates: From _____ To _____

Address: _____
(street) (city) (state) (zip code)

Phone number: _____

Type of business and work performed: _____

Organization: _____ Dates: From _____ To _____

Address: _____
(street) (city) (state) (zip code)

Phone number: _____

Type of business and work performed: _____

Are you currently employed? Yes No

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces?

Yes No

If yes, what Branch? _____

Dates of duty: From _____ To _____

Rank at discharge: _____

List Duties in the service including special training: _____

Have you taken any training under the G.I. Bill of Rights? Yes No

If Yes, what training did you take? _____

APPLICATION GUIDELINES

The skills and time that volunteers offer are assets to library services. Applications will be reviewed by library management. Selected applicants will be contacted by the Library's Volunteer Coordinator to schedule an interview and discuss suitable placement and admission to the Volunteer Program. Placement is not guaranteed. Applicants are required to provide written permission for a criminal background check prior to admission to the program. For additional information, please contact the Library's Volunteer Coordinator at (563) 344-4175.

Please submit completed application to Bettendorf Public Library, in-person, via mail or email to:

Attn: Volunteer Coordinator, Bettendorf Public Library Information Center
2950 Learning Campus Drive
Bettendorf, IA 52722
info@bettendorflibrary.com

Notice to Applicants: The City of Bettendorf is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, sexual orientation, gender identity, or disability. If disabled, you may request an accommodation to participate in the application process. If you believe you have been discriminated against, in connection with this application, because of a disability, you may contact the Bettendorf City Attorney, City Hall, 1609 State Street, Bettendorf, Iowa 52722, telephone number 563-344-4000, (TT) 332-7427, who has been designated as ADA coordinator for the City of Bettendorf. Discrimination includes refusal to make reasonable accommodations to enable participation in the application process and employment. Contacting the coordinator is not a prerequisite to your pursuit of other remedies.

VOLUNTEER ACKNOWLEDGEMENT

The facts set forth in my application for volunteer service is true and complete. I understand that if engaged in the program, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history through any investigative or credit agencies or bureaus of your choice. I certify that the information on the above application is true and complete to the best of my knowledge.

In making this application for volunteer service, I also understand that a criminal background check will be performed if selected for admission to the program.

Signature of Applicant _____ Date _____

Signature of Volunteer Coordinator _____ Date _____

Signature of Division Manager _____ Date _____

Parental permission for applicants less than 16 yrs.

I acknowledge that I am the parent/guardian of applicant on this form, and I consent to my child volunteering at the Bettendorf Public Library. I understand that activities may be unsupervised.

Parent/guardian Name (please print) _____

Parent/guardian Signature _____ Date _____

SJM 5/8/18
Management Review 5/9/18
CC Review 5/15/18