



**APPLICATION FOR
NON-PAID VOLUNTEER POSITIONS
Orange Public Library**



407 E. Chapman Ave., Orange, CA 92866

Contact: Library Volunteer Coordinator at (714) 288-2569

Volunteer Position: _____

Please print your answers to all questions accurately and completely. All statements may be subject to verification. Please return this application to the Orange Public Library & History Center, 407 E. Chapman Ave., Orange, CA 92866, (714) 288-2569. The City of Orange encourages the service of volunteers and such service is at the sole discretion of the City. Volunteers agree that the City may at any time, for whatever reason, change the duties assigned to a volunteer, transfer the volunteer to a different assignment, or terminate the volunteer's relationship with the City.

First Name: _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

Phone: (H) _____ (C) _____

Email Address: _____

California Driver License Number: _____ Class: _____ Expiration: _____

Are you related to any current City of Orange employee(s)? If yes, list name and department: _____

Please list any languages other than English you speak, read, or write fluently: _____

Are you 16 years of age or older? Yes No

Do you require any special accommodations to volunteer at the Library? _____

Please check the days and times you are available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (10:00 a.m. - 12:00 p.m.)						
Afternoon (12:00 p.m. - 4:00 p.m.)						
Evening (4:00 p.m. - 9:00 p.m.)						

EDUCATION:

List High School, College, University or Trade Schools

Name of School	Course of Study	Degree or Units Completed

EMPLOYMENT:

Employer Name:	Phone:
Address:	
Position Title:	Date of Service:
Duties:	

Please describe why you are interested in volunteering:

Please describe your current or past volunteer experience:

Please describe any special skills and/or training:

REFERENCE:

First Name: _____ Last Name: _____

Phone: (H) _____ (C) _____ Relationship: _____

EMERGENCY CONTACT:

First Name: _____ Last Name: _____

Phone: (H) _____ (C) _____ Relationship: _____

I certify that all statements made in this application and any additional statements pertaining thereto are true and complete to the best of my knowledge and belief. I understand that I am required to go through a background process which may include fingerprinting and/or a drug screen prior to beginning my volunteer assignment. I understand my fingerprints will be submitted to the Department of Justice. I also understand that my DMV records will be checked if my assignment requires me to drive.

SIGNATURE: _____ DATE: _____