



Radford Public Library
30 W. Main Street
Radford, VA 24141
540-731-3621

Application for Volunteer Position

Please answer each question legibly and as fully and accurately as possible.

Name _____

Telephone (day) _____ (evening) _____

Street Address _____

City, State, Zip _____

Email address _____

Date available for volunteer work _____

Are you interested in short term volunteer assignments? (Circle one) Yes No

Are you interested in long-term volunteer assignments? Yes No

Days/Hours available to volunteer _____

totaling _____ hours per (circle one) week / month.

Do you need special accommodations to perform the essential functions of the job you are applying for? Yes No

Are you seeking this volunteer position to:

_____ fulfill court-ordered community service

_____ satisfy school/class/scholarship requirements

_____ become a regular library volunteer

Other: _____

Are you age 18 or older? Yes No

If no, please list date of birth _____

If you are applying for a volunteer position which requires driving, do you possess a valid driver's license? Yes No N/A

If yes, what class? _____

Please list your automobile insurance company and telephone number:

Have you volunteered for the City of Radford before? Yes No

If yes, please list department, responsibilities, and approximate dates:

Have you ever been convicted of a crime (other than a minor traffic offense that resulted in a fine)? Yes No

If yes, please state the crime(s) you were convicted of, the date, and the nature of the crime(s).
Use an attachment sheet if necessary.

Employment & Volunteer History

Name of Business or Organization _____

Address _____

Name of supervisor _____

Telephone number _____

Dates worked _____

(Circle one) Paid Volunteer

Responsibilities _____

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Name of Business or Organization _____

Address _____

Name of supervisor _____

Telephone number _____

Dates worked _____

(Circle one) Paid Volunteer

Responsibilities _____

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Name of Business or Organization _____

Address _____

Name of supervisor _____

Telephone number _____

Dates worked _____

(Circle one) Paid Volunteer

Responsibilities _____

Additional Skills

Please check any skill that you have experience or an interest in:

_____ Previous library work

_____ Data processing/computer work

_____ Typing/Word processing

_____ Knowledge of foreign language: (include language(s) spoken) _____

_____ Knowledge of audio-visual equipment

_____ Storytelling

_____ Arts & Crafts abilities

_____ Knowledge of working with historical/archival material

_____ Experience with electronic resources

Other special skills, interests, hobbies _____

Person to contact in case of emergency _____

Relationship to you _____ Telephone _____

I _____ (print name) do hereby agree to indemnify and hold harmless the City of Radford from any and all claims or causes of action that may arise out of performance of my assigned duties. I waive any right of action I have against the City of Radford in consideration of my participation as a volunteer for the City.

I also understand that in my capacity as a City of Radford volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

Printed name _____

Signature _____

Date _____