

Washington Parish Library

825 Free Street
Franklinton, La 70438

Phone 985-839-7805
Fax 985-839-7808

Volunteer Application



Personal Information

Last	First	MI	Email
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Street Address	City	ST	Zip	Phone
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Have you volunteered with us before? If so, list dates and branches.	Hours per week you would like to volunteer
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Availability, *please list specific hours*

Mondays_____	Wednesdays_____	Fridays_____
Tuesdays_____	Thursdays_____	Saturdays_____

Branch Desired

<input type="checkbox"/> Angie	<input type="checkbox"/> Bogalusa	<input type="checkbox"/> Enon	<input type="checkbox"/> Franklinton	<input type="checkbox"/> Thomas
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Are you related to anyone on the Library Board?	Are you related to anyone who currently works for the Library?
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Why would you like to volunteer for the Library?

List any previous volunteering experience.

List any applicable special skills, training or proficiencies.

Type of Volunteer

I am volunteering as a(n)

- | | |
|---|--|
| <input type="checkbox"/> Teen (<i>please fill out part A</i>) | <input type="checkbox"/> Adult |
| <input type="checkbox"/> Part of an Organization | <input type="checkbox"/> Part of Court-Ordered Community Service (<i>please fill out part B</i>) |

Part A. Teen Portion

Only people aged 14 or over may volunteer for the Library. If you are under the age of 18, please provide your birthdate. You must also get this signed by your parent or guardian.

Date of Birth: _____

My signature on this form acknowledges that I consent to my child volunteering at the Washington Parish Library.

Signature of Parent/Guardian

Parent/Guardian Cell Phone

Part B. Court-Ordered Community Service Portion

☐ I have received and read the Library's Volunteer Policy, particularly the part about Court-Ordered Community Service.

My community service is the result of a: ☐ misdemeanor ☐ felony

Explain the circumstances of your charge and sentencing: _____

☐ I understand that the information I provide must be verified before an interview will be scheduled.

Disclaimer: PLEASE READ CAREFULLY

☐ I have received and read the Library's Volunteer Policy.

☐ I hereby state that the information I have provided in this application is correct as of this date.

☐ I recognize that this is an application to volunteer for the Washington Parish Library and not a contract for employment.

☐ I also recognize that submitting this application is not a guarantee of acceptance for volunteer work and may be contingent upon a background check.

Signature

Printed Name

Date

STAFF USE ONLY

☐ Background Check Completed

Approved for Interview? ☐ Yes ☐ No

☐ Interview Completed

Approved for volunteering? ☐ Yes ☐ No

Interviewer Initials:

Interview Date:

Notes: