



Neill Public Library
explore • discover • connect

NEILL PUBLIC LIBRARY
VOLUNTEER APPLICATION
210 N. GRAND AVENUE
PULLMAN, WA 99163
(509) 338-3252

THE CITY OF PULLMAN OPERATES A VOLUNTEER PROGRAM THAT PROVIDES SERVICES ORGANIZATION-WIDE. THE PURPOSE OF THE PROGRAM IS TO ENABLE THE CITY TO TAKE ADVANTAGE OF THE EXTRAORDINARY RESERVE OF KNOWLEDGE, TALENT, AND SKILL POSSESSED BY VOLUNTEERS WITHIN OUR COMMUNITY AND TO CAPITALIZE ON THESE ABILITIES TO AUGMENT CITY SERVICES. THE INTENT IS ALSO TO PROVIDE A PROGRAM THAT INVOLVES INTERESTED RESIDENTS IN LOCAL GOVERNMENT WHILE PROVIDING THEM THE OPPORTUNITY TO PERFORM WORK OF VALUE TO THE COMMUNITY.

THE VOLUNTEER APPLICATION IS DESIGNED TO GIVE APPLICANTS AN OPPORTUNITY TO SHARE THEIR BACKGROUND, EXPERIENCE, INTERESTS, AND SKILLS, ENABLING THE CITY TO MAKE THE BEST POSSIBLE VOLUNTEER PLACEMENT.

**** **Please note:** The library does not accept court-appointed community service.

NAME: _____ Today's Date _____
Last First Middle I.
PRESENT ADDRESS: _____ CITY: _____ ST. _____ ZIP _____
PERMANENT ADDRESS: _____ CITY: _____ ST. _____ ZIP _____
PHONE: (HOME) () _____ (CELL) () _____ (WORK) () _____
EMAIL _____

ARE YOU OVER THE AGE OF 18? ___ YES ___ NO If not, give date of birth: _____

DO YOU HAVE, OR CAN YOU OBTAIN, A VALID WASHINGTON STATE DRIVER'S LICENSE? ___ YES ___ NO

WASHINGTON STATE DRIVER'S LICENSE OR ID CARD # _____ Exp. Date: _____

AVAILABILITY: ___ LONG-TERM ___ SHORT-TERM ___ SPECIAL PROJECT

PLEASE FILL IN TIMES NEXT TO EACH DAY YOU WOULD BE AVAILABLE FOR WORK:
MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____

IF THE LIBRARY CANNOT USE YOUR SERVICES AT THIS TIME, HOW LONG SHOULD YOUR APPLICATION BE KEPT ON FILE?
3 MONTHS ___ 6 MONTHS ___ 1 YEAR ___ OTHER ___

ARE YOU CURRENTLY CERTIFIED IN CPR? ___ YES ___ NO
FIRST AID? ___ YES ___ NO

IN WHAT PARTICULAR AREAS OF VOLUNTEER WORK ARE YOU INTERESTED

LIST ANY GENERAL SKILLS/EXPERIENCE/HOBBIES THAT MAY APPLY AT THE LIBRARY

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR RELEASED FROM PRISON WITHIN THE LAST TEN (10) YEARS, OR HAVE BEEN CONVICTED OF A MISDEMEANOR OTHER THAN MINOR TRAFFIC OFFENSES WITHIN THE PAST THREE (3) YEARS? ___ YES ___ NO

IF YES, PLEASE EXPLAIN: _____

LIST THREE PEOPLE (NON-RELATIVES) WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE, OR ABILITY

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

DO YOU HAVE ANY MEDICAL CONDITIONS, PHYSICAL OR EMOTIONAL, THAT SHOULD BE TAKEN INTO CONSIDERATION IN ARRANGING VOLUNTEER ASSIGNMENTS? ___ YES ___ NO IF YES, PLEASE EXPLAIN:

IN CASE OF EMERGENCY, PLEASE CONTACT: _____

RELATIONSHIP: _____ **PHONE:** _____

NOTICE TO VOLUNTEERS

Volunteers are not considered to be City of Pullman employees. Injury compensation is provided through the Department of Labor and Industries. Volunteer service is considered to be creditable work experience. The data furnished on this form is furnished voluntarily and will be used to contact, interview and place volunteers.

SIGNATURE IS REQUIRED

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer. Further, I give permission for an authorized representative of the City to conduct a state patrol criminal background check in accordance with RCW 43.43.830-839 and to inquire of individuals about my ability to perform all aspects of the volunteer position for which I am being considered, and I release the City of Pullman and those individuals/institutions that provide information from any liability that may arise from the provision of this information. I agree to work within my assigned area of responsibility without any monetary compensation. I agree to follow all library and volunteer policies and procedures and understand that while working as a volunteer, I will positively represent the library, as do paid staff members.

As a volunteer for the City of Pullman, I am fully aware that the work associated with being a City of Pullman volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Pullman, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death, or other consequences occurring to me arising out of my volunteer activities.

I give permission to have my photo taken and used for publicity purposes by the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program. All work done for the Library or using Library resources is and will remain Library property and the Library will retain copyright to such creations unless arrangements to the contrary are made in writing prior to the creation.

In order to volunteer at the library you must complete the City of Pullman Disclosure form. A police background check is required for those working with vulnerable populations. Your interest in, and support of, the library is appreciated.

Signature: _____ Date: _____
If under 18, parent or guardian's

Signature: _____ Date: _____

STAFF USE ONLY:

Interview Date: _____ Start Date: _____ Notes: _____