

# Volunteer Application Form

Daniel Boone Regional Library

DATE: \_\_\_\_\_

- Columbia Public Library
- Callaway County Public Library (Fulton)
- Southern Boone County Public Library (Ashland)

Please complete both sides of this application and return to:

Volunteer Coordinator  
Daniel Boone Regional Library  
100 West Broadway  
Columbia, MO 65203

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Best times to reach me by phone \_\_\_\_\_

Name of school if student \_\_\_\_\_

*(Volunteers must be at least 16 years old.)*

Employed? Name of Employer \_\_\_\_\_

Have you ever been convicted of any violation of the law? Yes / No

If yes, give details including year, state and violation \_\_\_\_\_

\_\_\_\_\_

## *Time you have available for volunteer work:*

- Regularly each week for \_\_\_\_ hours
- "On Call" basis
- "One Time" project
- During the school year
- Summers only
- Available all year

## *Time preferred for volunteer work:*

- Weekday Mornings
- Weekday Afternoons

Do you need this volunteer service in order to meet some type of requirement? If so, please explain.

**Skills**

<input type="checkbox"/> Filing	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Storytelling	<input type="checkbox"/> Art	<input type="checkbox"/> Dewey Decimal System
<input type="checkbox"/> Music	<input type="checkbox"/> Janitorial Services	<input type="checkbox"/> Photography
<input type="checkbox"/> Theater	<input type="checkbox"/> Audio Visual Equipment	<input type="checkbox"/> Computer Graphics/Web Design
<input type="checkbox"/> Special Hobby or Craft	_____	
<input type="checkbox"/> Other	_____	

If you have checked any of the above, please give a few details of your experience in these areas.

Educational background:

Special training or experience:

Volunteer experience:

Paid work experience:

NOTE: If you are interviewed for a position you will need to provide three references.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

---

**Student Volunteer Permit**

(to be signed by parent or guardian if applicant is under 18 years of age)

\_\_\_\_\_ has my permission to work as a volunteer for the Daniel Boone Regional Library System (Columbia, Callaway County-Fulton or Southern Boone County-Ashland).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relation to Applicant

\_\_\_\_\_  
Phone Number