



Date Rvd: \_\_\_\_\_  
Ack: \_\_\_\_\_  
Place Int: \_\_\_\_\_  
Ref: \_\_\_\_\_

**Name:** \_\_\_\_\_  
*(Last) (First) (Initial)*

**Home or Business Address:** \_\_\_\_\_  
*Street City Zip*

**Home or Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Are you over the age of 18?** Yes No *(if under 18yrs. parental or guardian approval is required)*

**Education: High School Diploma or Equivalent Completed?** Yes No **College** *(list schools/degrees*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Experience:**

Job Title: \_\_\_\_\_ Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

**Volunteer Experience:**

Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

Activity: \_\_\_\_\_

Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

Activity: \_\_\_\_\_

**Language skills other than English (speak/read/write):** \_\_\_\_\_

**Computer/Software Skills:**

\_\_\_\_\_  
\_\_\_\_\_

**List other skills you have to share:**

\_\_\_\_\_  
\_\_\_\_\_

**I like working:** alone with the public with children virtual projects (remote)

Please check which days and times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

List any limitations that might restrict your volunteer activities:

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Why do you want to volunteer at the Berkeley Public Library? If you need to complete community service hours please explain. (The library does not do court-ordered community service.)

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Tells us how you heard about our volunteer program? \_\_\_\_\_

Preferred Volunteer Site: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Please provide the names of three (3) references that have knowledge of your abilities and interests.

### 1. Personal Reference

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ Relationship: \_\_\_\_\_

### 2. Employment Reference

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

List job title including duties performed.

### 3. Volunteer Reference

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Length of Volunteer Service: \_\_\_\_\_

Describe your volunteer assignment.

May we contact the references listed above? Yes No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicable, Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_