



Date Rvd: _____
Ack: _____
Place Int: _____
Ref: _____

Name: _____
(Last) *(First)*

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**

Please list any College/Universities you have attended (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 helping adults use computers, phones and tablets with the public
 with children with teens 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:

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.)

Tell us how you heard about our volunteer program. _____

Preferred Volunteer Site: Art & Music Central Support (which includes teen services)
 Central Reference Circulation Services Children Services Claremont North THPS West

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: _____