

READ · LEARN · GROW · INQUIRE



McMINNVILLE · PUBLIC
LIBRARY

Date _____

Interview date (TBD) _____

Join us!

McMinnville Public Library Volunteer Application

Last Name	First Name	Middle initial	Telephone (home)
Street Address			Telephone (work)
City	State	Zip Code	e-mail
Male _____	Female _____	Birth date _____	

Education: (Highest Level) Grammar School _____ High School _____ Technical School _____ Some College _____

College Degree(s) or Professional Training in _____

Why would you like to volunteer? _____

AVAILABILITY (please check days available): () Mon. () Tues. () Wed. () Thurs. () Fri. () Sat. () Sun.

Mornings (specific times) _____ : _____ - _____ : _____ Afternoons _____ : _____ - _____ : _____ Evenings _____ : _____ - _____ : _____

Hours per day (#) _____ Days per week (#) _____ Flexible hours _____ On call _____

Are you interested in: Short term projects _____ or Long term projects _____ (We ask for a 3 month commitment)

We will try our best to match your skills and interests with the work available, and to teach you new skills.

Special interests, skills, education, training _____

Have you ever been a volunteer for any organization before? Yes _____ No _____ If yes, please specify (include other communities) _____

Reference Name _____ Phone _____

Emergency Contact Name _____ Phone _____

McMinnville Public Library – Alice Darnton Volunteer Coordinator – 435-5568 - 225 NW Adams

(for library use only) – job _____ schedule _____

job _____ schedule _____

We do background checks on volunteers 18 years of age and older.