

Staff Use Only:
Date Info Entered: _____

Fontana Regional Library
Adult Volunteer Application



Name: _____ Date: _____
(Last) (First)

Address: _____

City and State: _____ Full Time Resident

Phone No: (Home) _____ (Cell) _____ Part Time Resident

Previous Volunteer Experience: _____

VOLUNTEER OPPORTUNITIES (check all areas of interest)

- | | |
|--|--------------------------------------|
| _____ Greeter | _____ Shelf-Reading |
| _____ Display Assistant | _____ Shelving Books |
| _____ AV Repair Technician | _____ Assisting with Programs |
| _____ Book Repair Technician | _____ Homework Assistant/Tutor |
| _____ Children's Walk About | _____ Assisting with Digital Devices |
| _____ Assisting with Computer Training | |
| _____ Other interests _____ | |

AVAILABILITY: When are you available for volunteer assignments?

_____ to _____ Monday _____ to _____ Thursday
_____ to _____ Tuesday _____ to _____ Friday
_____ to _____ Wednesday _____ to _____ Saturday

PHYSICAL LIMITATIONS: _____

In Case of Emergency Contact: _____ Phone No: _____

To Be Completed By All Applicants

Have you ever been convicted of anything other than the following?

Minor traffic violation fine \$500.00 or less. Yes [] No [] If yes, please explain:

I acknowledge that I have received a copy of the Fontana Regional Library Volunteer Policy and I agree to abide by it.

Signature _____ Date _____

Staff Notes: _____

