



417 Sycamore St., Clarkston, WA 99403  
www.asotincountylibrary.org | Phone: 509-758-5454

**VOLUNTEER APPLICATION**  
**For Adult Applicants | Please Print Clearly**

We appreciate your interest in the Library.  
Thank you for taking the time to complete this application.

**ABOUT YOU**

Date: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please circle:

What age group do you belong to?      18-34 years old      35-54 years old      55 years+

Have you ever been convicted of a crime?    Yes                      No

If yes, please explain:

\_\_\_\_\_

How did you hear about our volunteer program?

\_\_\_\_\_

**VOLUNTEER INFORMATION**

Do you volunteer now?                      Yes                      No                      If yes, where?

\_\_\_\_\_

Please feel free to list any special skills or interests you think would benefit the library:

\_\_\_\_\_

Mark all skills or interests you have:

- ☐ Assist with Children, Teen and/or Adult Programs
- ☐ Assist with Summer Reading Programs
- ☐ Creation Space Programs
- ☐ Program Preparation
- ☐ Providing Refreshments for Programs
- ☐ Distribute Publicity Materials
- ☐ Book Cleaning and/or Dusting Shelves
- ☐ Friends of the Library Book Sale Preparation
- ☐ Homebound Delivery
- ☐ Shelver/Shelf Reading
- ☐ Other \_\_\_\_\_

**AVAILABILITY**

Please circle all that apply

Monday	AM	PM	Tuesday	AM	PM
Wednesday	AM	PM	Thursday	AM	PM
Friday	AM	PM	Saturday	AM	PM

**EMERGENCY CONTACT INFORMATION**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**VOLUNTEER APPLICANT'S STATEMENT**

I understand that I am applying to be an unpaid volunteer for the Asotin County Library and that this application is not an application for employment. I understand that nothing in this application is intended to imply or create an employment relationship or a contract for employment.

If I am accepted into the Asotin County Library's volunteer program, I agree that I will abide by the requirements of the program policies and procedures of the Library and accept to fulfill agreed upon time commitments.

I acknowledge I will be subject to a background check as a condition of volunteering; additional Background Check Policy form must be completed. A final offer is contingent upon receipt of a report finding "no evidence."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Asotin County Library Background Check Policy**

Asotin County Library will do a background check on all newly hired employees and volunteers as required by state law, R.C.W. 43.43.830 through R.C.W. 43.43.845, for all newly hired employees or volunteers who will be working with children or other library customers who fit the unsupervised access to children sixteen years of age and under, developmentally disabled persons, or vulnerable adults. A tentative offer of employment will be made. A final offer is contingent upon receipt of a report finding "no evidence".

Approved June 20, 2001 by the Asotin County Library Board of Trustees.

Full legal name (print): \_\_\_\_\_  
First Middle Last

List any other names that you have used:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please provide a copy of your driver's license or state-issued ID card**