

Adult Volunteer Application (If under the age of 18, please fill out Teen Application)

First Name:	t Name: Last Name:				I	DOB:	/	/	
Address:		City: _			9	state:	Zip:		
Phone:		Emai	Address:						
			Emergency Contact Phone:						
Required num	ber of hours	(if applicable):	Hours to be co	mpleted b	y (if app	licable):	/	/
Please list any	nrevious vol	lunteer experi	ience:						
ગease list any	interests, sp	ecial skills, ho	bbies, educa	itional backgro	und:				
Please list any	interests, sp	ecial skills, ho	bbies, educa	itional backgro	und:				
Please list any	interests, sp	ecial skills, hc	obbies, educa	itional backgro	und:				
Please list any	interests, sp	ecial skills, hc	obbies, educa	itional backgro	und:				
				itional backgrou		ence (Ch	eck all tl	nat ap	oly):
						ence (Ch Palisa		nat ap	oly):
	available? (0	Check all that	apply):	Library Locat				nat ap	oly):
When are you Monday Tuesday	available? (0	Check all that	apply):	Library Locat	ion prefere		ide	nat ap	oly):
When are you Monday Tuesday Wednesday	available? (0	Check all that	apply):	Library Locat Central Orchard Me	ion prefere	Palisa Collb	nde	nat ap	oly):
When are you Monday Tuesday Wednesday Thursday	available? (0	Check all that	apply):	Library Locat Central	ion prefere	Palisa	nde	nat ap	oly):
When are you Monday Tuesday Wednesday Thursday Friday	available? (0	Check all that	apply):	Library Locat Central Orchard Me Fruita	ion prefere	Palisa Collb DeBe	ade	nat ap	oly):
When are you Monday Tuesday Wednesday Thursday	available? (0	Check all that	apply):	Library Locat Central Orchard Me	ion prefere	Palisa Collb	ade	nat ap	oly):

Title:	Responsibilities:	Dates Employed:
	Title:	Title: Responsibilities:



Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
	wicted for violation of any laws, traffic	or otherwise? Yes No
If Yes, please explain:		
	••	to or promise of, a volunteer opportunity. I ess, including on this application for a volunteer

knowledge. I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that Mesa County Libraries will verify information contained on my application and do a Mesa County background check. I also understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Mesa County Libraries or my termination as a volunteer. I authorize investigation and verification of all statements contained in this application and release all parties contacted from any and all liability resulting from information provided.

Signature: _____ Date: _____

Please list two references (non-relatives):

Please Return To Volunteer & Community Outreach Coordinator volunteer@mcpld.org 443 North 6th Street Grand Junction, CO 81501