



Idaho Falls Public Library Volunteer Application

Return to the Library administration office between 10 a.m. and 5 p.m. Monday - Friday or mail all pages of this application to the Idaho Falls Public Library at 457 West Broadway, Idaho Falls, ID 83402.

Name: _____ Date: _____

Address: _____

Phone: _____ Alternate phone: _____

Email: _____

Birth month and day: _____

Please list your age (must be 14 to volunteer): _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone: _____

Volunteer Roles

All volunteers will undergo an interview, background check, and basic training. Depending on their area of interest they may need additional training in program presentation, leading story time, computer room help, receiving new library materials, and other areas in which the Library is seeking volunteers. After reading the following descriptions, please circle the role you are most interested in helping with.

Unboxing & Receiving New Materials: Volunteers will receive extra training on unboxing and receiving new library materials. Volunteers will work with Library staff in the processing department to fulfill this role.

Helping in Computer Room: Volunteers will be assigned to shifts in the computer room to help Library users with printing, copying, faxing, and general computer needs. Volunteers will receive training on all of these tasks.

Helping with Makerspace & Programs: Volunteers will be trained to assist Library users with Cricut cutting machines, 3-D printers, and other technology in the Library makerspace and to help with summer reading and other programs.

Other Library Tasks as Assigned: *All volunteers*, regardless of special assignment, may be assigned various tasks as needed, including but not limited to: alphabetizing recently returned materials, shelf reading (checking for correct shelving order), helping prep and present library programs, straightening shelves of books, removing New Book stickers, tidying library areas, processing in-house use materials, and folding brochures in order to refill brochure holders.

Please mark with an X which days and times you are available to volunteer on a regular basis. Maintaining the same shifts each week is strongly preferred.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any other commitments you have outside of the Library, including work and other volunteering, and please list how many hours a week they require:

How did you hear about our volunteer opportunities at the Idaho Falls Public Library?

Newspaper Radio Poster Staff/Volunteer Friend Website Social Media Newsletter

Other: _____

Please list any education, professional or personal background you wish to share with us:

Please list any current or past organizations to which you belong:

CITY OF IDAHO FALLS, IDAHO VOLUNTEER RELEASE OF LIABILITY VOLUNTEER

I, _____, in consideration of the opportunity and permission to volunteer with the City of Idaho Falls, Idaho, to perform the assigned service and the beneficial experience to be gained, do hereby fully and completely release the City of Idaho Falls, Idaho, its officials and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I acknowledge that the volunteer work I am performing may be physical in nature. I acknowledge that any photograph or videotape taken of me participating in this activity may be used for outreach, education or documentation purposes, without compensation, by the City of Idaho Falls, Idaho. By my signature below, I verify that I am 18 years of age or older. I also understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release and indemnify the City of Idaho Falls, Idaho, its officials and employees from all liability resulting from my participation in this program.

Signature of Applicant: _____ Date: _____

Signature of Parent/Legal Guardian if under 18: _____

Address: _____ City: _____

Phone: _____

Please fill out the background check below and then turn in your completed application by dropping off all pages to the Library's administrative office between 10 a.m. and 5 p.m. Monday – Friday, or mailing all pages of this application to the Idaho Falls Public Library at 457 West Broadway, Idaho Falls, ID 83402.

DISCLAIMER AND RELEASE AGREEMENT

This release and authorization acknowledges that we may now, or at any time while you are employed, renting, or volunteering, conduct a verification of your motor vehicle records, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county, or local criminal justice agency and or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment under employment policies. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, any false statements or omissions will be considered as cause for dismissal/removal. I do hereby agree to forever release and discharges, employee and any of its agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses or any other complaint filed with an agency arising from the retrieving and reporting information.

PLEASE COMPLETE THE BELOW

PLEASE PRINT NEATLY

DEPARTMENT: Idaho Falls Public Library

FIRST NAME: _____ FULL MIDDLE NAME: _____

LAST NAME: _____

MAIDEN NAME / FORMER MARRIED NAME(S) / ALIAS NAME(S): _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: _____

List your addresses for the last 7 (seven) years. Include the dates from/to for each address. Please PRINT clearly.

CURRENT ADDRESS: _____ CITY _____ STATE _____ ZIP _____ COUNTY _____ FROM / TO _____

FORMER ADDRESS: _____ CITY _____ STATE _____ ZIP _____ COUNTY _____ FROM / TO _____

FORMER ADDRESS: _____ CITY _____ STATE _____ ZIP _____ COUNTY _____ FROM / TO _____

FORMER ADDRESS: _____ CITY _____ STATE _____ ZIP _____ COUNTY _____ FROM / TO _____

FORMER ADDRESS: _____ CITY _____ STATE _____ ZIP _____ COUNTY _____ FROM / TO _____

FELONY OR MISDEMEANORS: [] YES [] NO (PLEASE EXPLAIN BELOW)

All arrests, charges, convictions and non-convictions need to be listed here. List location (county) of charge and date of charge. Please do not leave anything out and print clearly. It is important you understand this section completely.

Signature of Applicant: _____ Today's Date: _____

Home Telephone Number: _____