

Volunteer Application

Contact information		
First Name	Last Name	
Mailing Address		
City State	Zip Code	
Phone	Email	
Date of Birth (if under 18)		
Emergency contact		
Name	Phone	
Availability		
☐ Monday☐ Tuesday☐ Wednesday☐ Sunday	🗌 Thursday 🛛 🗌 Friday 🗌 Saturday	
From am/pm_to am/pm		
 Long Term Volunteer (30 or more hours for 6 months or longer) (less than 30 hours and/or less than 6 months) 		

What is your reason for volunteering?		
Court-ordered	School/college	Other

What volunteer activities are you interested in?	
Program preparation and assistance	
Cleaning and maintenance (e.g., dusting shelves, cleaning kids' toys, etc)	
Circulation support (e.g., putting carts in order, shifting books, shelf-reading, and shelving) (Requires some additional training)	
Collection maintenance (e.g., material processing and repair) (Requires some additional training)	
□ Other:	

Parent/Guardian Consent for volunteers 18 years or under

As the parent or legal guardian, I hereby give my consent for the applicant to participate as a volunteer with the Kenai Community Library.

Name

Phone

Applicant Signature	Date
Parent/Guardian Signature	Date

All information you provide is kept strictly confidential and is for the use of the Volunteer Program only. All applications are kept on file for 6 months and positions are filled as needed. If, after 6 months, you have not heard from the Library, please submit another application, letting us know that you are still interested.

Thank you for your interest in volunteering at the Kenai Community Library.



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