

<b>For Office Use Only</b>
Date received: _____
Background check: _____
Placement location: _____
Placement date: _____

**APPLICATION FOR LIBRARY VOLUNTEER**  
**Wichita Public Library**  
**711 West 2<sup>nd</sup> Street**  
**Wichita, KS 67203**

The mission of the Wichita Public Library Volunteer Program is to provide assistance to staff in all areas of operation while additionally providing quality customer service to Library patrons in a professional manner.

All volunteer applicants will be considered without discrimination due to race, creed, color, sex, age, national origin, gender, physical disability, or veteran status. Application submission does not guarantee placement as a library volunteer. Applicant's location preference will be taken into account; however, if a volunteer opportunity is not available in that location, an available alternative location will be offered. Applicants will not be obligated to accept the alternative placement. Volunteers must be at least twelve years of age or ready to enter the seventh grade.

The following information will assist staff in making the most appropriate volunteer placement. An interview will be arranged after the completed application is returned. The information provided in this form will be used to conduct a background check. Thank you for your interest in volunteering with the Wichita Public Library.

<b>Name</b>	First	Last		
<b>Contact #</b>	This is my <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other _____ Telephone		This is my <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other _____ Telephone	
<b>Address</b>	Street Address	City	State	Zip Code
<b>Email</b>				Date of Birth (MM/DD/YYYY)
<b>Age</b>	<input type="checkbox"/> Minor (under age 18) <input type="checkbox"/> Adult (age 18+) (must complete background form)			

Do you have any relatives who work for the Library? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please list name(s) and location(s) \_\_\_\_\_

**Why do you want to volunteer at the Library?**

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Time Commitment Frequency	Number of Hours per Week
<input type="checkbox"/> Short term (less than 2 mos.)	<input type="checkbox"/> 1-2 hours per week
<input type="checkbox"/> Long term (more than 2 mos.)	<input type="checkbox"/> 3-4 hours per week
<input type="checkbox"/> Regular weekly schedule	<input type="checkbox"/> 5-6 hours per week
<input type="checkbox"/> Sporadically/Events only	<input type="checkbox"/> more

**When are you available to volunteer?**

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

**How did you hear about the Library's volunteer opportunities?**

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**What type of volunteer responsibilities would you prefer?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Shelving materials        | <input type="checkbox"/> Finding books from a list | <input type="checkbox"/> Making home deliveries             |
| <input type="checkbox"/> Repairing books           | <input type="checkbox"/> Copying and folding       | <input type="checkbox"/> Assisting with library events      |
| <input type="checkbox"/> Cleaning book covers      | <input type="checkbox"/> Cutting paper             | <input type="checkbox"/> Distributing posters to businesses |
| <input type="checkbox"/> Sorting books on cart     | <input type="checkbox"/> Unpacking deliveries      | <input type="checkbox"/> Select books for homebound patrons |
| <input type="checkbox"/> Filing registration cards | <input type="checkbox"/> Assisting with Technology | <input type="checkbox"/> Other _____                        |

**What skills do you have that would be relevant to volunteering at the library?**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Art        | <input type="checkbox"/> Computer (list please) _____                          |
| <input type="checkbox"/> Keyboard   | <input type="checkbox"/> Alphabetizing <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Clerical   | <input type="checkbox"/> Good with people <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Organizing | <input type="checkbox"/> Languages <input type="checkbox"/> Other _____        |

**Do you prefer to volunteer at a specific Wichita Public Library location? (you may check more than one)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Advanced Learning Library<br>711 W. 2 <sup>nd</sup> | <input type="checkbox"/> Lionel D. Alford Branch<br>3447 S. Meridian      | <input type="checkbox"/> Maya Angelou Northeast Branch<br>3051 E. 21 <sup>st</sup> St. |
| <input type="checkbox"/> Evergreen Branch<br>2601 N. Arkansas                | <input type="checkbox"/> Ford Rockwell Branch<br>5939 E. 9 <sup>th</sup>  | <input type="checkbox"/> Dr. Ronald W. Walters Branch<br>4195 E. Harry                 |
| <input type="checkbox"/> Westlink Branch<br>8515 Bekemeyer                   | <input type="checkbox"/> Friends of the Library<br>711 W. 2 <sup>nd</sup> |  |

**What previous work and/or volunteer experience do you have?**

\_\_\_\_\_

**References (please list two references who are not relatives)**

Name		Telephone
Address	Relationship to you	
Name		Telephone
Address	Relationship to you	

I certify that the information provided on this application is true to the best of my knowledge. I understand that I am not guaranteed an interview or assignment to a volunteer position at the Wichita Public Library. ***Your signature verifies that you consent to a background check using the information provided on this form.***

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

***If under the age of 18, a parent/guardian must also sign.***  
 I give my permission for my child to volunteer at the Wichita Public Library.  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send completed applications to either:**

**By Postal Mail:** Wichita Public Library  
 711 West 2<sup>nd</sup>  
 Wichita, KS 67203

**By Email:**  
 admin@wichitalibrary.org