



# Volunteer Application

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. As required by law, we provide reasonable accommodation as necessary for the disabled.*

**Please Print**

Name (last, first, middle) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_

Check here if you are under age 16

## Emergency Contact (local only)

Name (last, first, middle) \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

What interests you about volunteering at the Carbon County Library System?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please feel free to list any special credentials or relevant work experiences (including computer/web knowledge and/or familiarity with libraries).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We Are An Equal Opportunity Employer**

As a volunteer you would prefer:

- To be called on special projects as needed
- To have the same weekly schedule

When are you available to work?

- |                                     |                                     |                                    |
|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Mornings   | <input type="checkbox"/> Mondays    | <input type="checkbox"/> Thursdays |
| <input type="checkbox"/> Afternoons | <input type="checkbox"/> Tuesdays   | <input type="checkbox"/> Fridays   |
| <input type="checkbox"/> Evenings   | <input type="checkbox"/> Wednesdays | <input type="checkbox"/> Saturdays |

Do you have any physical restrictions or special considerations we should be aware of?

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Check any types of volunteer work you might be interested in.

- Homebound Delivery
- Program Instructor
- Special Projects
- Clerical
- Working with Books
- Working with Computers
- Working with People
- Working with Children
- Working Outside
- Working the Book Sale
- Other \_\_\_\_\_

**Remember that, as a volunteer, you are working in the public eye as a representative of the library.**

*Thank you for taking the time to complete this form, as it will help us match your talents to our current need. We appreciate your interest. The Public Support Services Manager will contact you soon.*

**CONSENT TO RELEASE OF CRIMINAL HISTORY RECORD INFORMATION**

To: All Criminal Justice Agencies

1. All criminal justice agencies are hereby authorized and directed to furnish and release all criminal history record information or confirm that no criminal history record information exists concerning the undersigned.
2. This consent to release of records and information is intended to waive any privilege which may assert with regard to the records or information so indicated.
3. I understand that the Criminal Justice Agencies will notify the Carbon County Library System. This consent to release of criminal history records information is a voluntary record information check.
4. A photostatic copy of this authorization shall serve in the same status as an original and may be considered by you as though an original were presented.
5. I direct that this criminal history record information be sent to:

**CARBON COUNTY LIBRARY SYSTEM  
215 W. BUFFALO ST.  
RAWLINS, WY 82301  
ATTN: DIRECTOR**

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Aliases Used (Please Print)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phones*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Place of Birth*

\_\_\_\_\_  
*Social Security Number*