

LIBRARY

Mobile Public Library

Youth Volunteer Application

Please return with completed application to:
Mobile Public Library Administration Office
700 Government Street, Mobile, Alabama 36602

Personal Information

Name: _____ DOB: _____
 Phone (day): _____ Phone (evening): _____
 Address: _____ City: _____ ST: _____ Zip: _____
 Email: _____ School: _____

Education/Skills

Education (please select highest education completed)
 Grade: 8 9 10 11 12 High School/GED
 Skills: (please identify all that apply)
 Computer: Microsoft Word Microsoft Excel Microsoft Publisher
 Foreign Languages: _____
 Other: _____

Emergency Contact

Name: _____ Relationship: _____
 Phone: _____ Alt. Phone: _____

Availability

Please indicate which days and times you are available to work.

Monday	AM	PM	Thursday	AM	PM
Tuesday	AM	PM	Friday	AM	PM
Wednesday	AM	PM	Saturday	AM	PM

Do you prefer:

Summer Only	January-May
September-December	Special Projects
Other: _____	Year-round

Preferences

Please select the MPL location for which you would like to volunteer:

Ben May Main Library	Saraland Public Library	Theodore Oaks Branch
Bookmobile	Semmes Regional Library	West Regional Library
Grand Bay Library	Local History & Genealogy	
Moorer/Spring Hill Branch	Trinity Gardens Community Library	
Parkway Branch	Virginia Dillard Smith/Toulminville Branch	

Volunteer Interests:

Why do you want to volunteer at the Mobile Public Library?

What special interests and/or skills do you have that may help us to match you with the best volunteer assignment?

Have you volunteered anywhere before? If so, please tell about it.

If you are volunteering to complete school or civic hours, how many hours do you need and what is the deadline for these hours to be completed?

How did you hear about this opportunity?

Library Usage:

How do you use the library?

Reference Information:

Name: _____ Phone: _____
Personal Professional (i.e., supervisor)

Please read the following and sign:

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of this application and verification of my references. I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any services I provide.

Parental Permission:

As the parent/guardian of this volunteer applicant, I give him/her permission to volunteer at the chosen Mobile Public Library location for a maximum of ___hours per week (2 hours minimum). If you need to reach me, you may do so at:

Signature of Volunteer Applicant

Date

Signature of Parent/Guardian

Date

For Office Use Only:

References Verified _____ Date _____ Phone Interview Conducted _____ Date _____ Manager Notified _____ Date _____

Notes: _____

Decision: Accept Applicant Deny Applicant Other: _____