

Volunteer Application

Astoria Public Library

450 10th Street Astoria, OR 97103 503-325-7323 www.astorialibrary.org

Contact Information

Name: _____ Date: _____

Phone: _____ Email: _____

Address: _____ City: _____ State _____ Zip: _____

Emergency Contact: Name: _____ Relationship: _____

Phone: _____ Email: _____

Experience, Education, and Employment

Are you a student? yes no School Name: _____ Year/Grade: _____

Current Employer: _____ not employed retired

Do you have previous volunteer experience? yes no Organization _____

Type of previous volunteer work: _____ Supervisor: _____

What skills, training, or interests would you like to share at the Library.

Availability

What days of the week and hours would you prefer to volunteer? _____

How long are you available to volunteer? 3 months 6 months 1 year ongoing other _____

Are you required to perform service hours for another agency or organization? yes no

If yes, what agency or organization? _____

If yes, how many hours would you like to volunteer at the Library? _____ by what date? _____

Do you have any health considerations that could affect what you can do as a

volunteer? _____

After your Volunteer Application is submitted, you will be contacted to set a date for a Volunteer Interview to match your skills, interests, and abilities to current volunteer opportunities. If you have any questions please contact Patty Skinner Astoria Public Library Volunteer Coordinator at 503-298-2451 or pskinner@astoria.or.us.