



## VOLUNTEER APPLICATION

Volunteer Position Interested In: \_\_\_\_\_

### TELL US ABOUT YOU

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (primary) \_\_\_\_\_ Phone (secondary) \_\_\_\_\_

### TELL US YOUR AVAILABILITY

When can you start? \_\_\_\_\_ How long will you be available? (number of months or years, for example) \_\_\_\_\_

The Library of Virginia is open Monday through Saturday, 9 AM to 5 PM. What days/hours can you be here?

Monday \_\_\_\_\_  Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_  Friday \_\_\_\_\_

Wednesday \_\_\_\_\_  Saturday \_\_\_\_\_

### TELL US WHAT YOU KNOW

What do you do? What do you know?

Tell us about your experience (professional or volunteer), skills, and relevant hobbies/interests. (please use additional paper if necessary)

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Are you currently working?  Yes  No How many hours/week? \_\_\_\_\_

### TELL US WHAT YOU WANT

Why do you want to be a volunteer for the Library of Virginia? (please use additional paper if necessary)

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What do you hope to gain from volunteering for the Library of Virginia? (please use additional paper if necessary)

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### A FEW MORE THINGS...

I am at least 16 years of age.  I understand that if selected I will need to complete and pass a security background check.