

**FRIENDS OF THE BOISE PUBLIC LIBRARY, INC.  
VOLUNTEER APPLICATION**

Thank you for your interest in volunteering for the Friends of the Boise Public Library. Potential volunteers are required to be:

At least 14 years of age

Willing to work a regular shift 2-4 hours per week and/or for special events such as sales

Willing to have a background check if requested.

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

Street or Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Other Names You Have Used \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

**Education Completed:**

High School \_\_\_\_\_ Some College \_\_\_\_\_ College Degree \_\_\_\_\_ Graduate/Doctoral Degree \_\_\_\_\_ Other Degree \_\_\_\_\_

**How did you learn about Friends of the Boise Public Library?** \_\_\_\_\_

**Please describe other volunteer experience you have** \_\_\_\_\_

**What do you normally like to read?** \_\_\_\_\_

**Do you read any foreign languages?** \_\_\_\_\_ **Which?** \_\_\_\_\_

**Please list your interests, hobbies, or special skills** \_\_\_\_\_

**We are looking for volunteers who are available during the week, preferably between 10 AM to 2 PM. Shifts in our store (Tree City Books) are dependent on the Library's hours.**

**I am interested in:**

- Sorting and processing books and other donations
- Administrative help (office work, publicity, photography, transporting books to partner groups, etc.)
- Working in the bookstore
- Working at book sales

**How do you want to volunteer?**

- Intermittent projects/seasonal sales or auctions
- Regular weekly shift

**What is the date you wish to begin volunteering?** \_\_\_\_\_

**Health:** Is there any health issue which may limit your ability to volunteer or limit the types of activities, such as lifting boxes of books, you can perform? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain briefly \_\_\_\_\_

***Please read the following carefully before signing this application:***

- I understand this is an application for, and not a commitment or promise of, volunteer opportunity.
- I understand misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the Friends of the Boise Public Library, Inc., or my termination as a volunteer.
- I understand the information in my application may be verified by Friends of the Boise Public Library Inc.
- I agree to sign the Friends of the Boise Public Library, Inc., Conflict of Interest form and Liability Waiver upon notification of my acceptance as a volunteer of the Friends of the Boise Public Library, Inc.

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

**Please return to:**

Friends of the Boise Public Library  
715 S. Capitol Blvd.  
Boise, ID 83702

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**Friends Intake Processing**

Date Received \_\_\_\_\_ Reviewed by \_\_\_\_\_

Decision Yes \_\_\_\_\_ No \_\_\_\_\_ Reason \_\_\_\_\_

Date Applicant notified and how contacted. \_\_\_\_\_