

Volunteer Application

Idaho Commission for Libraries

325 West State Street Boise, ID 83702 (208) 334-2150

Date: _____

Name: _____

Address: _____

(Street \ P.O. Box Number)

(City)

(Zip)

Telephone: (Home): _____ (Work): _____ E-Mail: _____

Education: High-school _____ College _____ Post Graduate _____

Occupation: _____ Birthday M/D: _____

Languages you speak: _____ Dialects: _____

Hobbies: _____

What volunteer position(s) are you interested in?

Clerical: Data Entry Filing Word processing Bulk Mail Circulation

Technical: Talking Book Machine Repair Duplication Narrator Monitor Reviewer

Special skills: such as, operation of recording equipment, theater or broadcast experience, computer skills, and electronic repair

How did you hear about this program? _____

Volunteer group affiliation: _____

Do you have any objections to narrating or listening to any of the following subject matter?

Sexually Explicit Violence Harsh Language Religious Political Other

Emergency Contact: _____

References (2 or more with contact information) _____

Times you are available to volunteer: _____

If under 18 years, Parent or Guardian consent to volunteer

