



# Volunteer Application

Linwood Community Library District #1  
19649 Linwood Rd.  
Linwood, KS 66052  
913-301-3686  
[www.linwoodlibrary.org](http://www.linwoodlibrary.org)

DATE \_\_\_\_\_

NAME (Last, First, MI) \_\_\_\_\_

ADDRESS (Street, City, State, Zip)

\_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ ALT. PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

Who should we contact in case of emergency?

\_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

How old are you?: \_\_\_\_\_ 12-18 \_\_\_\_\_ 18+

What days / hours would you like to volunteer during the week?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been previously employed or volunteered here? Yes No If yes, list date & position:

\_\_\_\_\_

Do you have any relatives who are employed by the library or serve on it Governing Board?

Yes No If yes, list date & position:

\_\_\_\_\_

Do you have any previous volunteer experience you'd like us to know about? \_\_\_\_\_

\_\_\_\_\_

## Special Skills & Qualifications

Indicate below any experience, special training, skills, licenses, or certifications not provided in other parts of this application:

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## References

Please list at least one reference:

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## Applicant Statement

My signature below certifies that all information I have provided on this application or any attached document is complete, true and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration of opportunity to volunteer, or may result in my immediate discharge from Linwood Community Library District #1's service, whenever it is discovered. I expressly authorize, without reservation, Linwood Community Library District #1, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application and/or volunteer interview. I hereby waive any and all rights and claims I may have against Linwood Community Library District #1, its agents, employees or representatives for seeking, gathering and using information, in a lawful manner, in the volunteer process and all other persons, corporations or organizations for furnishing such information about me. I understand that Linwood Community Library District #1 does not unlawfully discriminate in employment or volunteer opportunities and no questions on this application are used for the purpose of limiting or eliminating any applicant from consideration for volunteering on any basis prohibited by applicable local, state or federal law. If I am allowed to volunteer, I understand that I am free to resign at any time, with or without prior notice, and that Linwood Community Library District #1 reserves the same right to terminate my volunteering at any time without cause and without prior notice. This application does not constitute an agreement or contract for volunteering for any period or duration. I understand that no representative of Linwood Community Library District #1 is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Director of Linwood Community Library District #1. I understand that a background record check may be required as a condition of volunteering. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OR LEGAL GUARDIAN SIGNATURE (IF NECESSARY):

\_\_\_\_\_ DATE \_\_\_\_\_