



Manhattan Public Library



North Central Kansas Libraries System

629 Poyntz Avenue • Manhattan, KS 66502

785-776-4741 • www.mhklibrary.org

Volunteer Application

INSTRUCTIONS - PLEASE READ CAREFULLY

Manhattan Public Library accepts volunteer applications when a need is identified. All information provided in this application will be treated confidentially and will be used only to help assure the best use of your abilities.

All requested information must be furnished. Fill in all spaces accurately and completely. If an item does not apply to you, or if there is no information to be given, write the letters "NA" for "not applicable." All information contained in the application is subject to verification.

You will be notified if you are selected for an interview. Depending on the department manager's schedule and workload, this could be anywhere from a few days to a few weeks.

We do not keep applications on file for future openings. Please monitor our web site for positions that might be available at a later time and complete another application.

First Name _____ Last Name _____

Home Address _____ Unit / Apt. Number _____

City _____ State _____ Zip Code _____

Email Address _____

Primary Phone Number _____ Secondary Phone Number _____

When is the best time for us to reach you via telephone? ☐ Morning ☐ Afternoon ☐ Evening

What volunteer opportunity/opportunities are you interested in? _____

Have you ever been employed by Manhattan Public Library or North Central Kansas Libraries System? ☐ Yes ☐ No

If yes, when? _____

What department and position? _____

Who was your supervisor? _____

Please give names of any relatives employed by Manhattan Public Library or North Central Kansas Libraries System.

Are you 18 or older? ☐ Yes ☐ No

If selected for a volunteer position, when can you start? _____



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Education

Include High School, College/University, Graduate School, and/or Business/Trade School

Name and Location of School	Did You Graduate?	Course of Study or Major	Type of Certification or Degree
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Skills

Describe the qualities you have that make you suitable for this volunteer opportunity. Include education, experience, and skills. Attach an additional sheet or resume if you desire. Be sure to include previous library experience, either paid or volunteer.

Do you speak, write, or understand any foreign language(s)? ☐Yes ☐No

If you answered yes, what language(s)? _____

How many hours would you like to volunteer each week? _____

List the hours you are available to volunteer.

Indicate the times you can work on each day. For example, 8 a.m. – 5 p.m.; 9 a.m.-12 noon, 3 p.m.-9 p.m.

Put an X for any days you would absolutely not be able to work.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

For summer volunteers only: List any dates between May 15th and July 31st that you will be gone on vacation or otherwise unavailable.

Date(s) that you are unavailable



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Employment and/or Volunteer History

Detail each position for the **past ten years and account for any gaps** during that period. Attach separate sheet if necessary.

Employer	Position and duties
Employment dates	Reason for leaving
Name of supervisor	Phone number
Employer	Position and duties
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The library has my permission to contact any of my present or past employers. ☐ Yes ☐ No
If no, state reason _____

References

List at least three persons who have knowledge of your work/volunteer performance within the last ten years. Please include professional or personal references. Do not include relatives.

First and Last Name	Telephone Number	Email Address	Address	City, State, Zip

Acknowledgments and Signature

- I certify that the information contained in this application is true, complete and correct. I understand that omissions or misstatements may be cause for rejection of this application or removal from the volunteer program.
- My signature authorizes the Manhattan Public Library to secure my driving record (if the position requires driving) and information needed to obtain a criminal background check.
- I authorize the references provided to give any and all information concerning previous employment or any other pertinent information they may have. I release all parties from all liability that may result from furnishing this information to you.
- I understand this is a volunteer application and that employment is not being offered.

Your signature below indicates that you agree to the terms and conditions listed above.

Signature _____ Date _____