



## Volunteer Program Application

Thank you for your interest in volunteering at the Bettendorf Public Library Information Center. Please provide the following information which will assist library staff in placing you in the position which best meets your qualifications and interest. Library staff will generally confirm receipt of your application within five business days. ***Please note that a submitted application does not guarantee admission to the program.***

Submission Date: (MM/DD/YYYY) \_\_\_\_\_

### PERSONAL INFORMATION

#### Name

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

#### Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Contact Info

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Preferred contact method:  Home Phone  Cell Phone  Work Phone  Email

Best time to be reached (if phone is selected as preferred contact method):  
\_\_\_\_\_

Age Group:  Adult  Teen (14-17 years old) \*

*\*Must be at least 14 years to apply to the volunteer program. Teen volunteers require parental permission to apply.*

If under 18 years, please complete the following:

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

How did you hear about BPL's volunteer program?: \_\_\_\_\_

Why are you interested in volunteering at the Library?: \_\_\_\_\_

Is your interest related to a service learning project?  Yes  No

If yes, please fill out the following information:

Organization: \_\_\_\_\_ Number of hours: \_\_\_\_\_ Deadline: \_\_\_\_\_

Have you participated in the Library's volunteer program in the past?  Yes  No

List any relative(s) currently working at the Library: \_\_\_\_\_

**AVAILABILITY:**

Specify days and hours preferred:  all year  summer only  other: \_\_\_\_\_

Hours available to volunteer: (Most volunteer assignments are between 9am-5pm, Monday-Friday)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

If selected, when would you be available to start in the program?: \_\_\_\_\_

Please list any other skills, interests, abilities or qualifications you feel are a good fit for volunteer service with our organization: \_\_\_\_\_

**Application Guidelines:**

The skills and time that volunteers offer are assets to library services. Applications will be reviewed by library management. Selected adult applicants will be contacted by the Library's Volunteer Coordinator, and teen volunteer applications will be reviewed and contacted by the Library's Young Adult Librarian. Placement is not guaranteed. Applicants are required to provide written permission for a criminal background check prior to admission to the program. For additional information, please contact the Library's Volunteer Coordinator at (563) 344-4175. Teen volunteer applicants should contact the Young Adult Librarian at (563)344-4188.

Please submit completed application to Bettendorf Public Library, in-person, via mail or email to:

Attn: Volunteer Coordinator, Bettendorf Public Library Information Center  
2950 Learning Campus Drive Bettendorf, IA 52722  
[info@bettendorflibrary.com](mailto:info@bettendorflibrary.com)

Notice to Applicants: The City of Bettendorf is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, sexual orientation, gender identity, or disability. If disabled, you may request an accommodation to participate in the application process. If you believe you have been discriminated against, in connection with this application, because of a disability, you may contact the Bettendorf City Attorney, City Hall, 1609 State Street, Bettendorf, Iowa 52722, telephone number 563-344-4000, (TT) 332-7427, who has been designated as ADA coordinator for the City of Bettendorf. Discrimination includes refusal to make reasonable accommodations to enable participation in the application process and employment. Contacting the coordinator is not a prerequisite to your pursuit of other remedies.

**VOLUNTEER ACKNOWLEDGEMENT:**

The facts set forth in my application for volunteer service are true and complete. I understand that if engaged in the program, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history through any investigative or credit agencies or bureaus of your choice. I certify that the information on the above application is true and complete to the best of my knowledge. In making this application for volunteer service, I also understand that a criminal background check will be performed if selected for admission to the program.

Signature of Applicant \_\_\_\_\_ Date\_\_\_\_\_

Signature of Volunteer Coordinator \_\_\_\_\_ Date\_\_\_\_\_

Signature of Division Manager \_\_\_\_\_ Date\_\_\_\_\_

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Parental permission for applicants less than 18 yrs. I acknowledge that I am the parent/guardian of applicant on this form, and I consent to my child volunteering at the Bettendorf Public Library. I understand that activities may be unsupervised.

Parent/guardian Name (please print) \_\_\_\_\_

Parent/guardian Signature \_\_\_\_\_ Date\_\_\_\_\_

SJM 5/8/18  
CC Review 5/15/18  
JA Revised 10/12/22