



Please return your completed application & volunteer agreement to any SPPLS branch library or mail to the following address:

St. Petersburg Public Library System
280 5th Street North
St. Petersburg, FL 33701
Attn: Administration
727-893-7318

Please allow 10 business days for the application review process.

Application Date: _____ **Date of Birth:** _____

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Employer/School Name: _____ **Grade Level (if applicable):** _____

1. Library Branch Preference: (Please rank your top 3 volunteer location preferences numerically below, #1 being where you would like most prefer to volunteer. We will do our best to place you in your #1 preferred branch)

Main	North	South	Mirror Lake	Johnson	Childs Park
3745 9th Ave N	861 70th Ave N	2300 Roy Hanna Dr S	280 5th St N	1059 18th Ave S	691 43rd St S
_____	_____	_____	_____	_____	_____

2. Please circle what day(s)/time(s) you are available:

Mon / Tues / Wed / Thurs / Fri / Sat / Sun 9-11 11-1 1-3 3-5 5-7 other _____

3. Are your volunteer hours required for a class or school? ___ YES ___ NO

If Yes, total hours needed _____ Deadline for completion _____

4. Please describe any work/volunteer experience and skills you have: _____

5. Indicate the type of tasks/duties you would like to do as a library volunteer:

_____ Material Routing: Unload & sort daily deliveries; use computer & scanner to check in items. Requires attention to detail; typically Mon - Fri morning & afternoon.	_____ Shelving Assistant: Re-shelve items, straighten & correct misfiled materials; look for specific library items to fill requests & find missing items; various times of day.	_____ Computer/Copier Assistant: Provide basic computer & copier assistance. Must be patient & enjoy helping people learn new skills; various times of day.
_____ ESL Tutor: Volunteers 18 and over interested in working one-on-one to help speakers of other languages improve their conversational English.	_____ Catalog/Self Check Assistant: Assist library users search catalog & locate items. Help users use self-check machine; various times of day.	_____ Other Library Interests: _____ _____

6. Why would you like to volunteer at the St. Petersburg Public Library System? _____

7. Personal references (not a relative and must be 18 or older):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

8. In case of an emergency, please contact:

Name _____ Relationship _____ Phone _____

Cell _____

Name _____ Relationship _____ Phone _____

Cell _____

Step 1

Admin Use Only:

Date Received by Administration: _____ **Background Screening Date Completed:** _____

Branch Referred to: _____ **Results:** **Approved** **See Attached**

Step 2

Branch Use Only:

Interview Date: _____ **Recommendation:** _____

Reference Checklist: _____ **Location/Task Assigned:** _____

Step 3

Date Copy Returned to Admin _____



Your work as a SPPLS volunteer provides important support for the Library's mission of providing library resources to meet the educational, recreational, cultural, intellectual and social needs of our diverse community.

Please read, sign and return this agreement with your volunteer application

The Library agrees:

1. To provide you, as a volunteer, with a safe work environment.
2. To provide supervision and training by a member of the library staff, who will answer your questions and provide feedback regarding your work.
3. To recognize your contributions as a volunteer to the success of the library.

As a volunteer, I agree:

1. To attend SPPLS Volunteer Orientation.
2. To accept guidance and decisions of SPPLS paid staff members.
3. To abide by all the rules of conduct governing SPPLS paid staff members.
4. To always wear a volunteer name badge while on duty.
5. To record all volunteer hours on the Volunteer Time Sheet.
6. To maintain confidentiality of all proprietary or privileged information whether this involves an individual staff member, volunteer, or patron or involves library business.
7. To dress appropriately and act courteously to patrons and employees.
8. To report on time, as scheduled and check in with staff upon arrival at work and perform delegated tasks only. I will also notify supervisor if I am unable to keep my schedule, need to take an extended leave, or if I decide to resign.
9. To grant full permission to the St. Petersburg Public Library System to use my name and any photographs for any promotion/publicity purposes or for volunteer recognition without obligation or liability to me.
10. To give the St. Petersburg Public Library System permission to request and obtain data pertinent to my volunteering at the library for individuals listed in the Volunteer Application.

I understand and agree that a background check and interview will be required before placement in any volunteer position.

I certify that all statements made in this application are true and correct to the best of my knowledge, and I agree and understand that any false information may result in my dismissal from the program.

Volunteer Signature: _____ **Date:** _____

Parent/Guardian consent (if under 18): I grant permission for _____ **to participate in the St. Petersburg Public Library Volunteer program.**

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Print Name: _____ **Phone:** _____