

Western Plains Library System Volunteer Application

Personal Information (please print)				
Last Name:	First Name:	Middle Initial:	Date of Birth	
Physical Address:	City:	State:	Zip:	
Mailing Address:	City:	State:	Zip:	
Phone Number:	Mobile Phone Number:	Email:		
Availability				
At which Branch(es) are you interested in volunteering ? Circle any that apply.		Cheyenne Clinton Cordell Seiling Sentinel Thomas Weatherford WPLS Office & Bookmobile Center		
Which days of the week are you available? Circle any that apply.		Sunday Monday Tuesday Wednesday Thursday Friday Saturday		
Western Plains Library Systems provides many opportunities for volunteers. Please circle any of the activities you would be interested in.		Shelving Materials__ Decorating__ Filing__ Book Repair__ Research__ Cleaning__ Assist With Programs __ Lead Programs__ Other _____		
Do any allergies or medical conditions prevent you from performing certain duties?		No__ Yes__ Please explain if yes.		
Past Work and Volunteer Experiences				
Organization	Title	Duties	Reference	Phone #
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Expectations (please initial the following)				
I have read and agree to follow the WPLS Volunteer Code of Conduct. initial _____				
Background Check (ages 16+)				
Because you will come into contact with vulnerable groups such as children, WPLS requires a background check. Only WPLS Human Resources Officer will view or have access to the information contained in the background check. By signing this form you are giving WPLS permission to perform the background check.				
_____ Volunteer Signature		_____ Date		_____ Guardian Signature
				_____ Date
<i>A guardian's signature granting permission to run a background check is required for youth ages 16 and 17.</i>				

Staff Signature

Date Received