



DES MOINES  
PUBLIC LIBRARY  
Volunteer Application

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Available:**

Mornings Afternoons Evenings  
Mon Tues Wed Thr Fri Sat

**Preferred Location:**

Central East Forest Franklin  
North South

**Notes:** \_\_\_\_\_

**Special Skills** (such as typing, word processing, etc.):

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

**Work Experience:**

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

**References**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Information**

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctors' name: \_\_\_\_\_ Phone: \_\_\_\_\_

Iowa Sex Offender Registry Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? Yes  No

A yes answer does not automatically disqualify you as a volunteer.

**Volunteer Waiver**

I, \_\_\_\_\_, state that I have volunteered my services to the Des Moines Public Library and do hereby waive any right of claim now or in the future for any injury to my person or property that may occur directly or indirectly in the performance of such services or any other services related thereto that I am requested to perform. I understand that by signing this waiver, I am assuming all liability for my person and property during the time I am performing volunteer services.

Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, signature of parent of guardian \_\_\_\_\_ Date \_\_\_\_\_