



Sponsor of: Retired and Senior Volunteer Program (RSVP), America Reads, Lewis-Clark Summer Games, and Community Volunteer Programs

www.waidvolunteercenter.org

email: volunteer@wivc.org

1424 Main Street, Lewiston, ID 83501 208-746-7787



www.lewistoncitylibrary.org 208.798.2525

411 D Street, Lewiston ID 83501

VOLUNTEER ENROLLMENT FORM

Today's Date: _____

Name: _____

Birthdate: _____

E-mail: _____

Phone: _____

Address: _____

Cell Phone: _____

City: _____ State: WA

ID

Zip: _____

Emergency Contact

Name: _____

Phone: _____

Your preferred method of contact: email/text/phone

Disability? Yes No Explain (hearing, eyesight, etc.): _____

How did you hear about the Library Volunteer Program? _____

- I am available wherever/whenever needed.
- I am available during the following days and times only: _____
- I would prefer a regular schedule.
- I would prefer one-time, special events only.

Do you currently volunteer? Yes No If yes, where? _____

Are you a veteran? Yes No Are you a spouse/child of a veteran? Yes No

Have you ever been convicted of a felony? Yes No

What is the highest level of education you have completed? _____

What ethnicity do you identify yourself as? Caucasian Hispanic Native American

African American Asian Other Prefer not to answer

Signature: _____

Date: _____

Parent/Guardian (if under 18): _____

Date: _____

Volunteer Center Director: _____

Date: _____

Library Interests:

- | | |
|---|---|
| <input type="checkbox"/> Adult Programming
<input type="checkbox"/> Gardening
<input type="checkbox"/> Genealogy/Local History
<input type="checkbox"/> Holds
<input type="checkbox"/> Homebound Delivery
<input type="checkbox"/> Homework Helper
<input type="checkbox"/> Hospitality
<input type="checkbox"/> Mends | <input type="checkbox"/> Outreach
<input type="checkbox"/> Photography
<input type="checkbox"/> Processing Support
<input type="checkbox"/> Shelf-Reader/Shelver
<input type="checkbox"/> Tech Lab Assistant (VR, 3D printer, etc.)
<input type="checkbox"/> Tech Tutor
<input type="checkbox"/> Volunteer (Youth Services Support)
<input type="checkbox"/> Youth Programming |
|---|---|

I hereby authorize the WA-ID Volunteer Center or its official representative, and/or the Lewiston City Library, to use my likeness, picture, and/or voice for inclusion in any photographic, audio, or video recording for non-profit use and distribution. Such use may include, but is not limited to instruction, promotion, or publication.

_____ (please initial)

Some positions, such as working with children or the elderly, may require a background check through Idaho State Police in compliance with the Child/Adult Abuse Information Act. This is provided free of cost to the volunteer.

_____ (please initial)

Confidentiality Statement:

I understand that in the course of my work as a volunteer I may have access to personal information about library users, including their requests for information and records of materials they may have borrowed. I hereby agree to hold such information in complete confidence and to access it only in the course of performing my volunteer assignment.

_____ (please initial)

Other opportunities at the WA-ID Volunteer Center:

Always Need

- Crocheting/Knitting
- Food Bank Worker
- Hospital Volunteer – various areas
- Income Tax (Training Provided) - seasonal
 - Preparer Greeter
- Meal Delivery – various areas
- Medicare Counseling (Training Provided)
- Quilting
- Reading Tutor K-3 (background check req.)
- Summer Games Event Assistant - seasonal

Always Available

- Advanced Office Skills (Business, bookkeeping, etc.)
- Art Museum Host/Docent
- Carpentry Skills
- Computer Tech/Web Design
- Coordinate Events
- Food Serve/Clean/Setup
- Mailings
- Office Skills (Data Entry, Reception, Filing, etc.)
- Older/Disabled/Veteran
- Social Services
- Special Events/Projects
- Thrift Stores

For Office Use Only:

- Orientation Completed Entered into Database _____
- Volunteer Placed (Where/Date) _____