

The American Library In Paris

10, rue du Général Camou, 75007 Paris, France

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Adult Volunteer Application

I. Personal Information

Date: _____ **Membership#:** _____

Name: _____

Address: _____

City: _____ **Postal Code:** _____

Telephone (home): _____ **Telephone (cell/office):** _____

Email Address: _____

Age Group: 25 or under, 26 -40, 41 – 60, 60 or older

Nationality : _____ **Do you have a Valid Drivers License?** Yes No

II. Education Information

High School: Diploma GED

Current school attending (if any) _____ **Grade** _____

Circle highest level of education completed: 1 2 3 4 5 6 7 8 9

10 11 12 Under Graduate Post-Graduate Doctorate

Please list all degrees

III. Volunteer Information

Have you ever volunteered before? Yes No If so, where?

Brief description of duties

Have you volunteered at The American Library in Paris before? Yes No
 If yes, please give us the dates and an idea of what you did?

How did you hear about the Library's volunteer program?

Please note the skills, abilities, or interests below that are applicable to you:

- | | |
|--|---|
| <input type="checkbox"/> Previous library work | <input type="checkbox"/> Knowledge of audio-visual equipment |
| <input type="checkbox"/> Data processing/computer work | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Typing/word processing | <input type="checkbox"/> Arts and crafts ability |
| <input type="checkbox"/> Knowledge of foreign language | <input type="checkbox"/> Knowledge of/work with historical material |

Experience with electronic resources, please list:

Do you speak and/or write French? Yes No

Other languages (please list):

Other special interests, skills, or hobbies:

Other organizations for which you currently volunteer:

Knowing that volunteering for the Library could include long periods of standing, kneeling or bending, as well as lifting in some cases; do you have any physical limitations we should be aware of? (List)

IV. Schedule Information

Please list preferred library locations for volunteer assignment:

- 1) 2) 3)

**I AM AVAILABLE FOR VOLUNTEER SERVICE
 A REGULAR COMMITMENT OF AT LEAST 4HRS PER WEEK:
 (CHECK ALL TIMES THAT APPLY)**

	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (10am-2pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Afternoon (2pm-6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (6pm-9pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1pm – 6pm

Additional information regarding your availability:

V. Emergency Contact Information

Person(s) to contact in case of emergency.

Name: **Relationship:**

Telephone:

Do you have insurance coverage? Yes No

If so, with which organization/agency?

VI. Liability and Confidentiality Waiver

I, _____, understand that in my capacity as an American Library volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

Printed Name:

Date:

Signature: _____

Electronic Signature: *By typing my name in this box, it will serve as my signature and acknowledgement of the statement above until I am able to sign in-person.*

FOR VOLUNTEER OFFICE USE ONLY:

- Schedule/Punctuality
- Supervisor Contact Information
- Statement of Policies
- Volunteer Guidelines
- Policy Acknowledgment Form

Data Entered	Category	Start Date
Inactive Date	Resignation Date	Reason for Resignation
Release Date		Reason for Release