

# VOLUNTEER APPLICATION

## Sandman Book Company

GENERAL INFORMATION				
Name (Last, First, Middle)	Social Security Number	Date of Birth	Home Telephone ( )	
Address	City	State	Zip	Other Telephone ( )
E-Mail Address		Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
VOLUNTEER INTERESTS				
Why do you want to volunteer?		<b>Days Available</b> <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<b>Hours Available</b> <input type="checkbox"/> 6am – 8am <input type="checkbox"/> 8am – 10am <input type="checkbox"/> 10am – 12pm <input type="checkbox"/> 12pm – 2pm <input type="checkbox"/> 2pm – 4pm <input type="checkbox"/> 4pm – 6pm <input type="checkbox"/> 6pm – 8pm	
Number of hours per week you are able to volunteer? _____ Hours				
<b>Volunteer Interests (check one or more)</b> <input type="checkbox"/> Adopt-A-Shelf <input type="checkbox"/> Inventory management (shelving books) <input type="checkbox"/> Packing books for outgoing shipment <input type="checkbox"/> Facility Maintenance (painting, store repair, etc) <input type="checkbox"/> Book Restoration <input type="checkbox"/> Book Club Discussion Group <input type="checkbox"/> Clerical (preparing newsletters, etc) <input type="checkbox"/> Social Media (Facebook, Twitter, Pinterest, etc.) <input type="checkbox"/> Book Sale Organization <input type="checkbox"/> Event Assistance & Preparation <input type="checkbox"/> The Waiting Room Book Club <input type="checkbox"/> Book Exchange <input type="checkbox"/> Author Outreach <input type="checkbox"/> Yearly Inventory <input type="checkbox"/> Other: _____		<b>Months Available</b> <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December  What date can you start? _____		
Volunteers are not paid for their work. Are you willing to donate your time?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Volunteers may have to lift up to 20 pounds. Can you lift 20 pounds?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Volunteers must be polite to all customers. Can you "turn the other cheek" when someone is rude to you?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Volunteers must be prompt and timely. Can you show up on time?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Volunteers must be aware that books may be dirty, musty, moldy, etc.			Initials_____	
Volunteers must be aware that there are pet cat(s) and/or dog(s) on the premises.			Initials_____	

## EDUCATION & TRAINING

**Do you know how to use a computer?**  Yes  No

If yes, what aspects of computer work do you enjoy, if any? (word processing, gaming, Facebook, Twitter, Pinterest, Goodreads, digital photography, Excel, e-mail, etc.)

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## HIGH SCHOOL, COLLEGE, BUSINESS SCHOOL, MILITARY

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
<b>Occupational License, Certificate or Registration</b>		<b>Number</b>	<b>Where Issued</b>		<b>Expiration Date</b>	

**Languages Read, Written or Spoken Other Than English?**

## BACKGROUND INFORMATION

Have you ever been asked to vacate a volunteer position?  Yes  No

Have you ever been convicted of a felony or a first degree misdemeanor?  Yes  No

Have you ever pled Nolo Contendere or pled guilty to a crime which is a felony or a first degree misdemeanor?  Yes  No

Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor?  Yes  No

If 'yes' to any of the questions, please explain, what charges or convictions and where?

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**NOTE:** A "Yes" answer to these questions will not automatically bar you from volunteering. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are relevant. It is the policy of Sandman Book Company that all current and new volunteers, may be subject to a security background check including fingerprinting.

## SPECIAL SKILLS (LIST ALL PERTINENT SKILLS & EQUIPMENT THAT YOU CAN OPERATE)

## ADDITIONAL INFORMATION

## EMERGENCY CONTACT INFORMATION

Name	Relationship	Cell Phone ( )	Home Telephone ( )

## RELEVANT WORK OR VOLUNTEER EXPERIENCE

<b>Employer</b>	<b>Telephone Number (    )</b>	<b>From (Month/Year)</b>
<b>Address</b>		
<b>Job Title</b>	<b>Number Employees Supervised</b>	<b>To (Month/Year)</b>
<b>Specific Duties</b>		<b>Hours Per Week</b>
		<b>Supervisor</b>
<b>Reason For Leaving</b>		<b>May We Contact This Employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer</b>	<b>Telephone Number (    )</b>	<b>From (Month/Year)</b>
<b>Address</b>		
<b>Job Title</b>	<b>Number Employees Supervised</b>	<b>To (Month/Year)</b>
<b>Specific Duties</b>		<b>Hours Per Week</b>
		<b>Supervisor</b>
<b>Reason For Leaving</b>		<b>May We Contact This Employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer</b>	<b>Telephone Number (    )</b>	<b>From (Month/Year)</b>
<b>Address</b>		
<b>Job Title</b>	<b>Number Employees Supervised</b>	<b>To (Month/Year)</b>
<b>Specific Duties</b>		<b>Hours Per Week</b>
		<b>Supervisor</b>
<b>Reason For Leaving</b>		<b>May We Contact This Employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Please sign below after you have read and understood all statements on all four pages.**

In consideration of the opportunity to volunteer with Sandman Book Company (“Sandman”), I fully and completely release Sandman, its officers, directors, employees, or agents or otherwise from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with Sandman. I understand that I will **NOT** be covered under worker’s compensation, medical, health or disability insurance for any injuries that may occur during my volunteer activities at Sandman.

I understand that I will not be paid or compensated for my services as a volunteer and I am giving my time freely to Sandman.

I understand that Sandman reserves the right to screen volunteers, to accept or reject any applications, and to place volunteers in specific locations, time-slots and positions based on current needs, if any.

I acknowledge that any photograph or videotape taken of me participating in this volunteer activity may be used for outreach, advertising, education, or documentation purposes by Sandman.

I understand that Sandman may ask me to provide my date of birth, social security number, driver’s license or other proof of identification, at a later date.

I certify that all information contained in this application is true and correct. I authorize Sandman to verify the information provided.

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify Sandman, its officers, directors, employees, or agents or otherwise from liability for property damage and/or personal injury resulting from my participation as a Volunteer

**Signature of Applicant:**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian Signature of the Volunteer (if under 18 years of age):**

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation as a volunteer for Sandman Book Company (“Sandman”). I also agree to indemnify, hold harmless, and release Sandman, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photographs, audio or videotapes taken of my child/ward participating in this volunteer activity may be used for outreach, advertising, education, or documentation purposes by Sandman.

\_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Interviewer:**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Sandman Book Company is an equal opportunity employer.**