



Lincoln County Library System
 Volunteer Application
www.linclib.org

Name (last) (first) (Middle)

Street Address **City/State/Zip**

Home Telephone **Cell Phone** **Driver's License Number**

Volunteer Area of Interest (Please Refer to Volunteer Position Descriptions)

What volunteer position are you interested in? _____

List below any interests or skills which may relate to your area of interest _____

Background

How long have you lived in Wyoming? _____ (years) _____ (months)
 If less than one year, please provide your previous address and how long you lived there.

Address _____ How long? _____

Have you ever been charged with a crime that resulted in a plea of guilty, not contest, deferred judgement, deferred prosecution or conviction of any law violations (except minor traffic violations)?

_____ yes _____ no

If yes, list for each conviction for the following:

Date of Offense	Charge	Jurisdiction	Court Name	Disposition

Have you ever been involved in an incident involving child/elder abuse or neglect?

_____ yes _____ no

If yes, please explain below:

Work Experience

Name of Organization **Address**

Dates of Employment **Supervisor's Name** **Telephone Number**

Duties:

Name of Organization

Address

Dates of Employment

Supervisor's Name

Telephone Number

Duties

References

Name _____ Relationship _____

Telephone Number _____ Email Address _____

Name _____ Relationship _____

Telephone Number _____ Email Address _____

Emergency Contact Information

Name _____ Relationship _____

Telephone Number (home) _____ (cell) _____

Signature, Certification, Release of Information, and Release of Liability

I certify that the information in this application is true and complete. I understand that false statements, misrepresentations or omissions of information in this application may result in the rejection of this application. The Lincoln County Library System (LCLS) is expressly authorized to investigate all statements contained in this application. I consent to the release of information about my ability and fitness for volunteer assignment by employers, schools, law enforcement agencies, and other individuals and organization to investigators and authorized employees of the LCLS.

BY SIGNING BELOW, I AGREE THAT I UNDERSTAND AND CONSENT TO THE ABOVE STATEMENT:

X _____
Volunteer Applicant Signature Date

X _____
If volunteer applicant is under 18, signature of parent/guardian