

Boerne Public Library
Volunteer Registration Form

210 N Main St
Boerne, TX 78006

Ph: 830/249-3053 Fax: 830/249-8410

Please print clearly

Last Name: _____ First Name _____ (M/F) Date: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Telephone: _____ Alt Phone: _____
Library Card #: _____

Education (circle last year completed) High School: 1 2 3 4
College: 1 2 3 4 Where: _____ Graduate: 1 2 3 4 Where: _____
Previous Work Experience: _____

Are you presently employed? Y/N _____ How many hours per week? _____
Where do you work? _____
Special skills, training, interests, or hobbies: _____

Previous or present volunteer jobs: _____

What kind of volunteer work are you interested in? _____
What are your volunteer goals? _____

Skills & Interests					
Pls CIRCLE your skills & interests.	Very Well	Well	So-So	Not at all	Comment
Computer skills: MS Word, Keyboarding WPM: _____; PhotoShop; Excel, Power Point; Publisher; Web Design; Other: _____					
Office skills: Filing; Phones; Records; Organizing; Minute Taking					
Speaking: Public; Storytelling; Promotional					
Writing: Grants, Reports, Articles					
Working with: Children; Teens; Elderly					
Historical and Genealogical research					
Artistic Ability: Crafts; Painting; Photography					
Other languages: Speak, read, write; What Language? _____					
Other (please list):					

What time do you have available?
Total hours per week: _____ Days NOT Available M T W Th F Sa
Days available: M T W Th F Sa Preferred Days: M T W Th F Sa Preferred hours: _____
Additional information regarding your availability: _____

PLEASE NOTE: Most jobs require lifting, bending, pushing, stooping, or periods of standing. If you are unable to perform these functions, please let us know. For most tasks, computer literacy is required. Thank you for your interest!

Emergency Information

Please list three people (relatives, friends, neighbors) who can be contacted in case of emergency.

Name	Relationship	Telephone	Alternate Phone

Doctor/Practice: _____

Telephone: _____

Preferred hospital: _____

Insurance carrier: _____

Special health problems or information we should know: _____

Please notify us of any changes to this information.