APPLICATION FOR
FRIENDS OF THE ORANGE PUBLIC LIBRARY (FOPL)
407 E. CHAPMAN AVE., ORANGE, CA 92866 (714) 288-2435

Non-Paid Volunteer Positions:

***Bookstore *Internet Sales *Donations Processing**

Volunteer Position(s) Interested In: _____

Please print your answers to all questions accurately and completely. All statements may be subject to verification. Volunteers must pay nominal FOPL membership dues before first day of volunteer service.
Please return this application via email to Connie (connie92861@gmail.com) and Linda (lgroscost@cityoforange.org) with the subject line "FOPL Volunteer Application".

First Name: _____ **Last Name:** _____

Street Address: _____ **City:** _____ **Zip:** _____

Phone: (H)_____**(C)**_____

Email Address: _____

California Driver License Number: _____ **Class:** _____ **Expiration:** _____

Please list any languages other than English you speak, read, or write fluently: _____

Are you 18 years of age or older? ☐ **Yes** ☐ **No**

Do you require any special accommodations to volunteer? _____

Please check the days and times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (10:00 a.m. - 12:30 p.m.)	☐	☐	☐	☐	☐	☐
Afternoon (12:30 p.m. – 3:00 p.m.)	☐	☐	☐	☐	☐	☐
Evening (3:00 p.m. – 5:30 p.m.)	☐	☐	☐	☐	☐	☐

EDUCATION:
List High School, College, University or Trade Schools

Name of School	Course of Study	Degree or Units Completed

EMPLOYMENT:

Employer Name:	**Phone:**
Address:	
Position Title:	**Date of Service:**
Duties:	

Please describe why you are interested in volunteering:

Please describe your current or past volunteer experience:

Please describe any special skills and/or training:

REFERENCE:

First Name: _____ Last Name: _____

Phone: (H) _____(C) _____ Relationship: _____

EMERGENCY CONTACT:

First Name: _____Last Name: _____

Phone: (H) _____(C) _____ Relationship:_____

I certify that all statements made in this application and any additional statements pertaining thereto are true and complete to the best of my knowledge and belief. I understand that I am required to go through a background process which includes fingerprinting prior to beginning my volunteer assignment. I understand my fingerprints will be submitted to the Department of Justice. I also understand that my DMV records will be checked if my assignment requires me to drive.

SIGNATURE:_____ DATE:_____