

Training Date: \_\_\_\_\_



## BOOKSTORE VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Address (Local): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone (text messages): \_\_\_\_\_ Landline: \_\_\_\_\_

May we contact you via text? (Please Check One) Yes  No

Email: \_\_\_\_\_

Local Residency (Please Check One):

Full Time  Seasonal - # of months in FL: \_\_\_\_\_

Please check the volunteer role(s) that interest you:

In-Store Volunteer

Book Donations Preparation

In-Store volunteers cover shifts each day. Training on the Square point-of-sale system and other procedures are provided.

Book Donation volunteers help by periodically replenishing our inventory. Training will be provided as needed.

Hours of Operation: The Book Nook will be open from 10 to 5, Monday through Saturday.

Available Shifts: Opening 10:00 to Noon Midday Noon to 2:00 Closing 2:00 to 5:00

### **Criminal History Disclosure:**

Have you ever been convicted of, or found guilty of, or pled guilty or nolo contendere to (a plea that can be entered in a criminal or civil case, by which an accused person neither admits guilt nor proclaims innocence of a charge), or been incarcerated as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony or misdemeanor, or any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime resulting from acts committed while involved in the solicitation of contributions within the last 10 years?

Yes  No

If yes, please give specifics about the nature of the crime, location of the jurisdiction, the year of conviction, and any information regarding rehabilitation or other information you wish us to consider. Please use the back of this form or attach additional sheets as needed.

By signing below, I hereby confirm I am 18 years of age or older.

Signature \_\_\_\_\_