



TIGARD PUBLIC LIBRARY  
**Friendly Visitor Program**  
**Volunteer Application**

13125 SW Hall Blvd.  
 Tigard, OR 97223  
 (503) 684-6537

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birthday \_\_\_\_\_ Email \_\_\_\_\_  
month/day

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
name telephone relationship

Health Restrictions \_\_\_\_\_

What special skills, interests or training do you have? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Do you speak any other languages? \_\_\_\_\_

Do you have access to a car? \_\_\_\_\_ Driver's License #/State \_\_\_\_\_

Personal References:

1. \_\_\_\_\_  
name address phone

2. \_\_\_\_\_  
name address phone

Statement of Agreement

1. I agree to volunteer as a Friendly Visitor and will do my best to be a good representative of the Tigard Public Library.
2. I agree to maintain strict confidentiality.
3. I agree to keep my driver's license current and to maintain my auto insurance as required by the state.
4. I agree to maintain records of my volunteer activities and to attend training events.
5. I agree to notify the patron and the Volunteer Coordinator if unable to keep an appointment
6. I agree to notify the Volunteer Coordinator when I am unable to continue as a Volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For the safety of library patrons served by the Friendly Visitors Program, names of Volunteers will be submitted for a police and driving background check.

*Tigard Public Library is a member of the Washington County Cooperative Library Service*