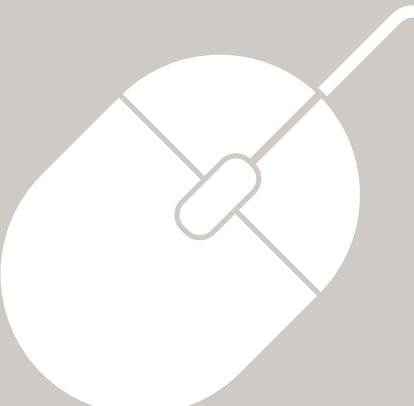
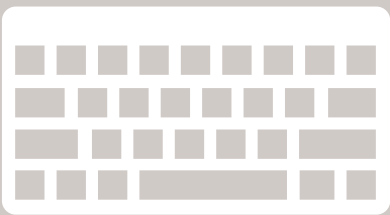
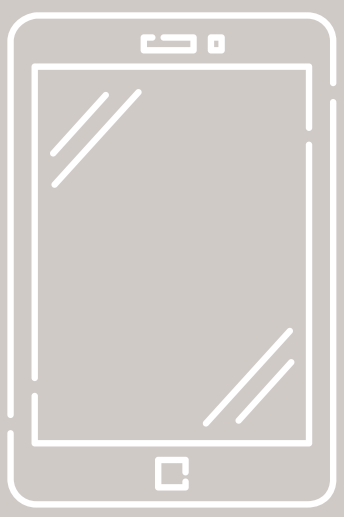
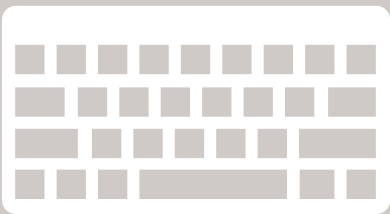
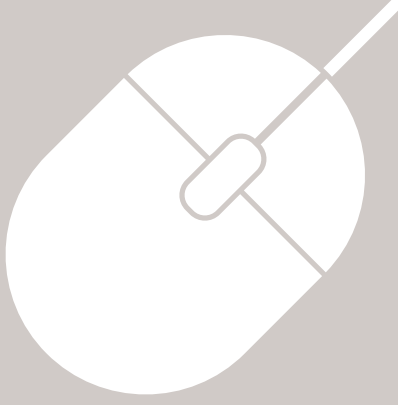


LEARNING LAB VOLUNTEER CHECKLIST

- PASSION FOR TEACHING
- PATIENT
- ENJOY LEARNING AND TINKERING WITH NEW TECHNOLOGY
- YOUR FRIENDS AND FAMILY CALL YOU WHEN THEY NEED TECH HELP!
- EARLY ADAPTER OF NEW TECHNOLOGY

**DOES THIS DESCRIBE YOU?
APPLY TO BE A
LEARNING LAB VOLUNTEER!**



Arcadia Public Library
Learning Lab Volunteer Application

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you in school: ___ Yes ___ No If yes, which school: _____

Do you have any previous volunteer experience: _____

If yes, where did you previously volunteer: _____

Tell us about your technology related interests, skills, experience, and hobbies: _____

Tell us about your experience teaching, tutoring, or in the education field: _____

Do you speak a language other than English? ___ Yes ___ No

If yes, what other languages do you speak? _____

Please indicate your second language proficiency level: ___ Beginner ___ Proficient ___ Extremely Fluent

When are you available to volunteer? (Please note the library's hours of operation.) _____

By signing below I agree that all information provided is true and correct to the best of my knowledge. I understand that this application is not a promise of a position as a volunteer staff member and that if hired as a volunteer I will be required to pass a City of Arcadia required finger printing and background check.

Signature: _____ Date: _____

