

Volunteer Application

Contact Information	
Name	
Street	
City, State Zip	
Phone	
Email	
Date of Birth	

Availability
During which hours/days are you available for volunteer assignments?
<input type="checkbox"/> Weekday mornings <input type="checkbox"/> Weekend mornings <input type="checkbox"/> Weekday afternoons <input type="checkbox"/> Weekend afternoons <input type="checkbox"/> Weekday evenings <input type="checkbox"/> Weekend evenings

Interests
In which of the following areas you are interested in volunteering?
<input type="checkbox"/> Straightening shelves, shelving materials <input type="checkbox"/> Special events (book sale) <input type="checkbox"/> Outreach (program preparation, gathering materials, delivering to homebound patrons) <input type="checkbox"/> Youth Services department (program preparation) <input type="checkbox"/> Housekeeping (dusting, vacuuming) <input type="checkbox"/> Other:

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City, State Zip	
Phone	
Email	

Agreement and Signature

The Saline County Library retains the right to end the agreement to volunteer in and for the Saline County Library if the work, attendance or behavior of the volunteer is determined to be less than productive or satisfactory. The volunteer acknowledges that they will not be paid for their services to the library.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if under 18)