

VOLUNTEER APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Emergency Contact _____ Phone _____

E-mail address _____

How many total hours a do you need? _____

Is there a deadline for you to complete your hours? If so, what is the deadline?

Days and times you are available to volunteer:

I understand that I am ***not*** entering into an employment relationship with the Library and that I am not entitled to receive a salary or any employee benefits including workers' compensation. I understand that either the Library or I may terminate this volunteer relationship at any time without notice.

I understand that I have an obligation to respect the confidentiality of any information about library users that I may witness during my volunteer time, and I agree that I will not disclose any such information.

Clearances-Criminal history AND Child Abuse

Signature _____

Date _____

If under 18, parent or guardian must sign:

I hereby give permission for my teen to volunteer at the Library.

Parent's Signature _____

Date _____