

Maury Loontjens Memorial Library

Volunteer Application

Date _____

Name (Please print full name): _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

The best way to contact me is by: Phone E-mail Other: _____

I am between 14 and 17 years of age eighteen years old or older

Emergency Contact Information:

Name: _____

Relationship: _____ Phone: _____

Are you Currently Employed Not working Retired Student

How did you learn about our Volunteer program?

Library webpage/online Social Media

School Friend

Other: _____

Do you have volunteer experience? _____

Why are you interested in being a volunteer? _____

How many hours per week would you like to volunteer? _____

What is your availability?

DAYS **TIME(S) AVAILABLE**

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Please list any relevant skill, special training, education, or work experience (for example: shelving, covering books, etc)

Areas of Interest:

_____ Maintaining book shelves

_____ Preparing crafts

_____ DVD cleaning

_____ Cleaning

_____ Book sale (as needed)

_____ Event preparation (as needed)

Please list any limitations you may have in performing work (for example, lifting, standing, sitting, etc.)

Are you volunteering for community service hours? _____

If yes, is it for: ___ Traffic court

Name of court? _____

___ School requirement

Name of school? _____

___ Other requirement

Describe: _____

Number of hours needed: _____

Date needed by: _____

Reference #1:

Name: _____

Relationship: _____

Phone Number: _____ Email: _____

Reference #2:

Name: _____

Relationship: _____

Phone Number: _____ Email: _____

Reference #3:

Name: _____

Relationship: _____

Phone Number: _____ Email: _____

I regard my assignment as a serious commitment, respect confidentiality, and abide by the policies of the Maury Loontjens Memorial Library. I also agree to maintain communication with my supervisor regarding my assignment and request clarification when necessary. I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that I will not be paid for my services as a volunteer, and that I am committed to work as scheduled at the library.

Signature of Applicant: _____ Date: _____

PERMISSION from a parent or guardian REQUIRED for youth under age 18 (no volunteers under age 14)

_____ (youth's name) _____ (age) has my permission to volunteer at the Maury Loontjens Memorial Library.

_____ Parent/Guardian signature

Printed name of Responsible Adult, phone number, and relationship to volunteer:

Name: _____

Relationship: _____

Phone Number: _____ Email: _____

Applications are available at the library or online.

