



Volunteer Application Form
Applications will be active for the period of July-June.

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

If the volunteer hours are required by a school or other program, please indicate: _____

Volunteer Availability: Please fill in the hours you are available to volunteer.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From -							

For Children, grades 1 - 5 and Teens, grades 6 - 12: Grade: _____ Age: _____

If the applicant is under the age of 18, the applicant's Parent/Guardian must complete this section.

Parent/Guardian Name: _____

Address: _____

Telephone: _____ Cell Phone: _____

Emergency Contact Name: _____

Relationship: _____ Telephone: _____ Cell Phone: _____

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This section to be completed by Parent/Guardian after the Library notifies the under 18 applicant of an upcoming volunteer opportunity.

Release for Volunteers Under the Age of 18

I have read the Volunteer Policy and the Guidelines and understand the rules that volunteers must follow. I hereby give _____ permission to perform the volunteer opportunity listed below.
Volunteer's First and Last Name

Signature of Parent/Guardian: _____ Date: _____

Volunteer Opportunity

Activity	Date	Time

Director's/Designee's Approval:

Signature	Department	Date
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