

New Waverly Public Library

Library Volunteer Application Form

Please print clearly and complete each section. Under 18 requires parent's signature.

Name _____ Date _____

Street _____

City _____ State _____ Zip Code _____

Phone (H) _____ Cell _____

E-mail _____

Birth Month/Day _____ Age (if under 18) _____

Person to contact in the event of any emergency:

Name _____

Relationship _____

Address _____

Phone (H) _____ Cell _____

Physician _____ Phone _____

Previous Work, Volunteer, or Computer Experience:

Library Volunteer Availability

How many hours do you wish to work each week _____?

I will be available to volunteer beginning date: _____.

I am available for Volunteer Service: (Please check all days/times that apply.)

Monday Tuesday Wednesday Thursday Friday

Morning _____

Afternoon _____

Evening _____

Volunteer Interests - Please check all that apply.

- Audio/Visual Repairs and Cleaning
- Processing of Materials
- Book Mending
- Book Sale
- Check-In Materials
- Patron Check-Outs
- Shelf Reading
- Shelving of Materials
- Telephoning Patrons for Materials on Hold
- Children's Department Page 3 of 4

References - Please list two references with phone numbers and e-mail.

Use "Relationship" to indicate how you know each reference. (Employment, school, previous volunteer references preferred.)

Name: _____

Phone: _____ E-mail _____

Relationship: _____

Name: _____

Phone: _____ E-mail _____

Relationship: _____

Have you ever been convicted, pleaded guilty or nolo contendere (no contest) to a misdemeanor or felony?

Yes No

Please be aware of the following ADA Requirements.

Physical Demands: Light to medium work. Ability to see, hear, talk; finger dexterity.

Ability to lift (10 lbs.), carry, bend, reach, and kneel.

Please sign below when you have read and understood all statements on all four pages.

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the New Waverly Public Library from any liability for supplying such information.

I understand that the New Waverly Public Library reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.

I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

Applicant's Signature: _____ Date: _____

*Parent/Guardian's Signature: _____ Date: _____

*Required if the applicant is under age 18

Library Use Only:

Interviewed by:

Date: