

FRIENDS OF FREEMAN
BOOKSTORE VOLUNTEER APPLICATION

Last Name _____ First Name _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

E-mail _____

Emergency Contact _____ Relationship _____ Phone _____

Education, highest level completed _____ Age if under 18 _____

Driver's License Number _____ State _____

In the past five years have you been convicted of a:

- Misdemeanor? Yes No
- Felony? Yes No

If yes, give dates and details. If necessary, attach a separate sheet.

Indicate any pending charges against you: None Misdemeanor Felony
If there are pending charges, give dates and details. If necessary, attach a separate sheet.

Describe any volunteer work you have done. If necessary, attach a separate sheet.

Do you have any experience in buying or selling books, working in a bookstore, or other retail experience? If so, please describe:

Are you currently involved in any way in the buying or selling of books? If so, please describe. If necessary, attach a separate sheet.

Have you used Square or other point-of-sale technology? Yes No

Reference (professional or teacher preferred): Name, phone number, and email.

Name: _____ Phone: _____

Email: _____

Date available to begin: _____

Are you available for? Circle both if applicable.

- Regular shift (2½ hours, once a week): Yes No
- Substitute (as needed and when available): Yes No

Prefer: Monday Tuesday Wednesday Thursday Friday Saturday

Prefer: Morning Afternoon Evening

Are you willing and able to work every month if shifts are available? Yes No

The Friends of Freeman Library is committed to ensuring an environment that is free from all forms of harassment, discrimination, bullying, or conduct that can be considered coercive, or likely to create a hostile environment. Discrimination or harassment based on sex (gender), race, color, religion, national origin, age, disability, sexual orientation, gender identity, veteran status, or other protected categories is not allowed. Board members, committee members, and all other Friends of Freeman volunteers must be aware that such behavior will not be tolerated.

Signature _____ Date _____

If under the age of 18, the parent/legal guardian must sign the HCPL waiver.

Please return completed application to: bookstore, mail, or email to:

Friends of Freeman Library
16616 Diana Lane
Houston, TX 77062
Attn: Bookstore Manager/Volunteer Coordinator
freemanfriends@yahoo.com