

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 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 a minimum of 2 shifts per month? This estimate will vary depending on shift availability. Yes No

Signature _____ Date _____

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

Please return completed application to the Friends Bookstore in the library, or mail to:

Friends of Freeman Library
16616 Diana Lane
Houston, TX 77062
Attn: Bookstore Manager/Volunteer Coordinator