

APPENDIX

Volunteer Application

Guidelines: Volunteers must be 12 years of age or older. Volunteers under the age of 18 require a parent's signature. Volunteers should call the library or the library director if they cannot come in at their scheduled time. If a volunteer must end their service, they should notify the library as soon as possible. The names of all volunteers will appear on an annual library donation list.

Please print clearly and complete each section.

Your contact information.

Name: _____ Date: _____
Address: _____ E-mail: _____
Phone: _____

Person to contact in the event of any emergency.

Name: _____ Phone: _____
Relationship: _____ E-mail: _____
Address: _____

Your reason for wanting to volunteer at Red Jacket Community Library.

If this is a required service program:

School Requirement: How many hours: _____ Date to complete: _____

Community Service: Agency: _____

Program Contact Name: _____ Phone: _____

Your Availability

Please write in the times you would be available to volunteer below. Please check the website for current hours. Most volunteer work will be performed during these hours, but there may be additional volunteer opportunities outside of the library opening hours.

I am available Mondays from _____ to _____

I am available Tuesdays from _____ to _____

I am available Wednesdays from _____ to _____

I am available Thursdays from _____ to _____

I am available Fridays from _____ to _____

I am available Saturdays from _____ to _____

How many hours do you wish to work each week?

How many hours do you wish to work each month?

I will be available to volunteer beginning date: _____

Your Interests:

Please check all that apply. All activities may not always be available. Placements depend on matching current needs of the library with volunteers' skills and experience.

- | | | |
|---|---|---|
| <input type="checkbox"/> Dust Shelves | <input type="checkbox"/> Outdoor Projects | <input type="checkbox"/> Research |
| <input type="checkbox"/> Shelve Books | <input type="checkbox"/> Outreach | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> General Cleaning | <input type="checkbox"/> Surveys | <input type="checkbox"/> Computer Tutor |
| <input type="checkbox"/> Phone Calls | <input type="checkbox"/> Mailings | <input type="checkbox"/> Shelf Read |
| <input type="checkbox"/> Programs/Events | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Book Sale |
| <input type="checkbox"/> Summer Reading | <input type="checkbox"/> Indexing/Filing | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Garden | <input type="checkbox"/> Displays/Signage | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Other _____ | | |

Recognition:

Please check this box if you agree to the following statement. Leave blank if you wish to remain anonymous.

- I wish to receive recognition for volunteering by having my name published in our Annual Report to the Community.

Please sign below when you have read and understood all statements on both 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 Red Jacket Community Library from any liability for supplying such information.

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.

Volunteer Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
(Required if the applicant is under age 18.)