



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Are you 12 years old or older? Yes No Your birthdate (MM/DD) ____/____

Do you need a certain number of hours to graduate? Yes No

If yes, how many hours do you need? _____

Are you willing to volunteer more hours than needed? Yes No

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering.

- Adult Programs
 Children's or Teen Programs
 Events
 Fundraising
 Grounds Maintenance
 Processing Materials
 Shelving Materials
 Other, please explain

Please indicate at which location you would prefer to volunteer.

Cooper-Siegel Community Library Sharpsburg Community Library

Previous Volunteer and/or Work Experience

Summarize your previous volunteer and/or work experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. You will be contacted by a library staff member if your qualifications, interests and availability match an opportunity.