

New Waverly Public Library Volunteer Application

Please print clearly and complete each section. *Volunteers under 18 requires parent's signature.*

Name _____ Date _____

Street _____

City _____ State _____ Zip Code _____

Phone(H) _____ Cell: _____

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

Person to contact in the event of any emergency:

Name _____ Relationship _____

Address _____

Phone(H) _____ Cell _____

Physician _____ Phone _____

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

Yes No

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: _____ (give start date)

I am available to volunteer: (Please check all days/times that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____

Volunteer responsibilities include:

- | | | |
|--|--|--|
| <input type="checkbox"/> Audio/Visuals Repair & Cleaning | <input type="checkbox"/> Processing of Materials | <input type="checkbox"/> Book Mending |
| <input type="checkbox"/> Book Sales | <input type="checkbox"/> Check-In Materials | <input type="checkbox"/> Check out Materials |
| <input type="checkbox"/> Reshelfing Materials | <input type="checkbox"/> Answering Calls | <input type="checkbox"/> Calling Patrons |
| <input type="checkbox"/> Helping with Programs | <input type="checkbox"/> Light money handling | <input type="checkbox"/> Misc. |

Please be aware of the following ADA Requirements.

Physical Demands: Light to medium work. Ability to see, hear, talk; finger dexterity. Ability to lift (10lbs.), carry, bend, reach, and kneel.

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

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

Name: _____

Phone: _____ **E-mail** _____

Relationship _____

Name: _____

Phone: _____ **E-mail** _____

Relationship: _____

Please sign below when you have read and understood all statements on all three 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, accept or reject any applications, and 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: