

Volunteer Application



Contact Information

Name: _____
Street: _____
City, State Zip: _____
Phone: _____
Email: _____
Date of Birth: _____

Availability

During which hours/days are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

Interests

In which of the following areas are you interested in volunteering?

Straightening shelves, shelving books, shelf reading
 Book Sale and other special events or programs
 Homebound program and other outreach
 Housekeeping
 Other: _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name: _____
Phone: _____
Email: _____

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

The Saline County Library retains the right to end the agreement to volunteer in and for the Saline County Library if the work, attendance, or behavior of the volunteer is determined to be less than productive or satisfactory. The volunteer acknowledges that they will not be paid for their services to the library.

Thank you for completing this application form and for your interest in volunteering with the Saline County Library. Please submit application to the Bob Herzfeld Memorial Library at 1800 Smithers Drive Benton, AR 72015. Contact 501-778-4766 with any questions.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if under 18)