

## **Volunteer Application**

☐ Branch V	olunteer Litera	rcy Friends of the Library Brand	ch:	
		PERSONAL INFORMATION (For Office	ce Use Only)	
Full Name:				
	Last	First	First M.I.	
Address	Street Address			Apartment/Unit #
	City		State	ZIP Code
Phone:	City	Email	State	Zii code
If under the as	ge of 18, provide name a	nd telephone		
number of parent or legal guardian		Name	Phone	
		VOLUNTEER AVAILABILIT	Υ	
BRANCH I understand addition to a	VOLUNTEERS TIME COM I that a minimum commit a volunteer orientation. Li Y TIME COMMITMENT A I that a minimum commit exact hours and schedule	branch staff and/or other volunteers.  IMITMENT AND SCHEDULE AVAILABILITY: Iment of 2 hours per week for 6 months, or a minibrary schedules will be based on the needs of the  ND SCHEDULE AVAILABILITY: Iment of 2 hours per week for at least 6 months is a worked will be determined once a learner is assignment please complete the information below	Library. required, in addition to a gned to me.	
Name of Sch				
Enter Hours	Required:	Completion	Date:	
		REQUIREMENTS FOR VOLUNT	ΓEERS	
-		irements of the position include the following: fr ling; constant lifting of materials and books up to	•	<u> </u>
Additional in	nformation such as driver	license and social security number will be require	ed to complete a backgro	und check.
	**Due to t	he nature of working with children, we do not acc	cept court ordered volunt	eers**
information	about my criminal convic	nm offered a conditional volunteer assignment, I r tion history as an adult (age 18 and older). Convident In not necessarily disqualifying.		
I hereby cer	tify that all statements i	nade on this application are true and complete.	(Applicants under 18 requ	uire parent/guardian signature)
Volunteer Si	gnature:	_	Date:	
			Date:	
Branch Mana Supervisor S	_		Date:	