Appalachian Regional Library Volunteer Application

Today's date:
Name:
Address:
City/State: Zip:
Cell Phone Number: Home Phone Number:
Email:
Driver's license/ID number:
I am □ between 14 and 17 years of age □ eighteen years old or older
What skills and talents would you like to put to work while volunteering?
How many hours per week would you like to volunteer?
What days and hours are you available for volunteer work?
Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays
Mornings Afternoons Evenings
Will this volunteer service fulfill a requirement of a school, club, or other group? Circle one: YES NO If so, please name the group or agency: Will you be working with a job coach? Circle one: YES NO
will you be working with a job coach: Circle one. 123 NO
Emergency Contact:
Name:
Relationship: Phone:
(continue on back)

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Please list the name and contact information for t	hree referenc	es:
Name:		-
Relationship:		
Phone number:		
E-mail address:		
Name:		-
Relationship:	•	
Phone number:		
E-mail address:		
Name:		-
Relationship:		
Phone number:		
E-mail address:		
I certify that the statements made in this volunted been given voluntarily. I understand that I will no that I am committing to working as scheduled at t	t be paid for n	
Signature of Applicant:		_ Date:
Signature of Responsible Adult (if volunteer is und	ler 18):	
		Date:
Printed Name of Responsible Adult, phone number	er, and relatio	nship to volunteer:
Name:		
Phone number:		
Relationship to volunteer:		