



# CORNELIUS PUBLIC LIBRARY

## *Volunteer Application*

NAME:		TODAY'S DATE:	
MAILING ADDRESS:		CITY/STATE/ZIP:	
HOME PHONE:	EMAIL:		
ALTERNATE PHONE:	EMERGENCY CONTACT & PHONE:		
OCCUPATION:		EMPLOYER:	
To best meet your needs, please describe any particular goals or expectations that you have regarding volunteering at the Cornelius Public Library:			
Please describe any previous volunteer experience you have:			
What special skills, interests, or training do you have?			
What days are you available to volunteer? Please check all that apply:			
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
What time of day do you prefer? Please circle one: Morning    Afternoon    Evening			
Number of hours per week you are available to volunteer:			
Are you willing to submit to a criminal background check if required? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>			

### Volunteer Statement

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Parental consent for volunteers 12 through 17 years of age:**

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the Cornelius Library volunteer program.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

*(For Library use only)*

Interview Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Assigned day and time: \_\_\_\_\_

Notes: \_\_\_\_\_ End Date: \_\_\_\_\_