

MATHEWS MEMORIAL LIBRARY  
VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGE GROUP:         Adult (19+)         Youth (10-18)

LIBRARY EXPERIENCE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL TALENTS / INTERESTS / PREVIOUS VOLUNTEER EXPERIENCE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPUTER SKILLS:  
\_\_\_\_\_

DAY(S) / TIME(S) AVAILABLE: (Indicate exact days and hours available)

SUN	MON	TUES	WED	THUR	FRI	SAT

I UNDERSTAND AS A VOLUNTEER THAT:

1. I will be working under the supervision of a designated staff member.
2. If I am unable to come at my designated day and time, I am responsible for notifying my supervisor and, if possible, for finding a substitute.
3. When I am working at the library, I will not spend my work time with any activities that delay me from my assigned tasks.

SIGNATURE \_\_\_\_\_

PARENT'S SIGNATURE (Under 18) \_\_\_\_\_