

Volunteer Application

Applicant's Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Birth Date (MM/DD/YYYY): _____

Emergency Contact: _____ Phone Number: _____

Parent/Guardian Information (for applicants under the age of 18):

Full Name: _____ Phone Number: _____

Please list any physical limitations you have that we should consider when matching you with volunteer jobs: _____

Days and times you are available: _____

I hereby release the Green Hills Public Library District, its agents, and any employees, from any liability or obligation arising from or in conjunction with community services activities.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature (if volunteer is under 18): _____

FOR LIBRARY USE ONLY

Volunteer Program: ___ Adult Services Adopt-A-Shelf
___ Youth Services General Volunteering
___ Youth Services Reading Program
___ Other (please specify): _____