



# Robert W. Barlow Memorial Library

## Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you under 18? YES NO

If yes, Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

School/Grade or Employer/Occupation: \_\_\_\_\_

Allergies or Physical Restrictions: \_\_\_\_\_

Why do you want to volunteer for RWB Library? \_\_\_\_\_

What types of activities do you enjoy: (circle all that apply)

Office/Clerical                      Computer Work                      Shelving/Straightening Books

Creating Labels/Covers              Dusting/Cleaning                      Maintenance Work

Helping w/Programs                      Gardening/Landscaping

Other: \_\_\_\_\_

Time Commitment:

How many hours per week: \_\_\_\_\_

Which days of the week work best for you: (circle all that apply)

M    T    W    TH    F    SA    SU

In Case of Emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_

I confirm that the information provided on this application is correct. I understand the commitment involved and acknowledge that my services are offered at my own risk. I agree that I may be subjected to a background check before starting work as a volunteer. I agree to hold Robert W. Barlow Memorial Library harmless for any and all claims that might occur. I agree to adhere to RWB Library policies and carry out my duties as a RWB Library volunteer effectively.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Volunteers under 18:**

As parent or guardian, I understand that my son/daughter volunteers at his/her own risk. I agree to hold Robert W. Barlow Library harmless for any and all claims that might occur. I hereby grant permission for him/her to perform volunteer work for RWB Library.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Office Use:

Orientation Date: \_\_\_\_\_ Start Date: \_\_\_\_\_