Volunteer Application



www.rodmanlibrary.com

Personal Information								
Name								
Address								
City, State, Zip								
Daytime Phone								
Evening Phone								
Email								
Are you at least 14	years old?	☐ YES ☐ NO						
Those under 18	must pro	ovide their age	e and obtain a pare	ent signature.				
Age if under 14								
Parents Signature								
If yes, for: School Work Court ordered Other If you said "Other" explain: If yes, how many hours are required? By when?								
ii yes, now ii	ially liburs o	—	wilen:					
		HRS	D	ate Required By				
If "YES" pleas	se explain:		an a minor traffic offens					
Availability								
Monday		to	Tuesday	to				
Wednesday		to	Thursday	to				
Friday		to	Saturday	to				
Preferred amount of	hours per v	veek: □1-2 □3-4	4 □5-6 □Other					
Experience								
Please tell us about	your educat	tion, previous wor	k experience, and any e	xperience you may have had				
volunteering.								

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Computer Experience									
Please list any computer skills you have.									
Interests									
Why do you want to volunteer at the library?									
The following is a	list of possible volunteer tasks.	Check all tasks th	at may be	on interest to you:					
☐ Pulling Lists of Books		☐ Shelf reading							
☐Cleaning Shelves		☐ Children's Department							
\square Shelving Books		☐ Scanning Materials for Digitization							
\square General Library Maintenance		☐Special Projects							
Emergency C	ontact								
Name		Relation							
Phone Number Address		Alternate Number							
Address									
References									
Please list two re	ferences below.								
Name		Relationship							
Phone		Email							
Name		Relationship							
Phone		Email							
		1							
Applicant's Signa	ture		_ Date		_				
	h th	m. Haa Oak							
(Library Use Only)									
Interview Date	Interviewed By _			_ Accepted: □YES	\square NO				
Start Date	Assignment								
Comments:									