

Volunteer Application

Form PLPL-30 (Revised 08/2014)

- Thank you for your interest in volunteering at Pinetop-Lakeside Public Library.
- In recognition of volunteers' significant contributions to the library, volunteers who are registered cardholders are entitled to the same borrowing privileges as library staff, as well as an annual volunteer appreciation gift, as the library budget allows.
- Please print clearly in blue or black ink. Complete all fields listed below.

Section A – Volunteer Applicant

Name					
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Age	Primary Phone Number (XXX-XXX-XXXX)	Alt. Phone Number (XXX-XXX-XXXX)	
Mailing Address			City	State	Zip
Local Street Address or Winter Address (if different from mailing)			City	State	Zip
Email Address					

Section B – Emergency Contact Information

Last Name	First Name	Relationship to You	Phone Number (XXX-XXX-XXXX)		
Street Address		City	State	Zip	

Section C – Volunteer Interests and Availability

Check all that apply <input type="checkbox"/> Shelving Library Materials <input type="checkbox"/> Repairing Library Materials <input type="checkbox"/> Processing Library Materials <input type="checkbox"/> Straightening/Dusting <input type="checkbox"/> Computer Maintenance (e.g., updates/repairs) <input type="checkbox"/> Paws for Reading Program <input type="checkbox"/> Other:	Availability and Time <input type="checkbox"/> Tuesday: <input type="checkbox"/> Wednesday: <input type="checkbox"/> Thursday: <input type="checkbox"/> Friday: <input type="checkbox"/> Saturday:
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Section D – Applicant Agreement

Volunteer Applicant Agreement: I understand that Pinetop-Lakeside Public Library reserves the right to screen volunteers (including a police background check), to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the library. I understand that I will not be paid for my services as a volunteer and that I am giving my time freely to the library. I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice. I agree to observe all rules and regulations of the library.

Applicant Signature: _____ Date: _____

Section E – For Parent/Guardian of Applicant Under Age 18

Last Name of Parent/Guardian	First Name of Parent/Guardian	Middle Initial	
Local Mailing Address (if different from above)	City	State	Zip

Parent/Guardian Permission: I give permission for my child to volunteer at Pinetop-Lakeside Public Library.

Parent/Guardian Signature: _____ Date: _____