

## VOLUNTEER APPLICATION CARROLLTON PUBLIC LIBRARY

Date:	I	Name:							
Address (house number, street, and city):									
Home phone:			Cell phone:			e-mail:			
Circle preferred method of contact: Home phone Cell phone e-mail									
Circle age category: 13-16 17 18 and up									
A background check is required for <b>ages 17 and up</b> .  For processing purposes, a <b>PARENT'S signature is required for applicants ages 13-17</b> .  The library does not accept court-appointed volunteers.									
Please mark the tasks that interest you.									
SHELVING Assist with the shelving of materials. Involves pushing carts full of items, bending and reaching high and low shelves, and filing books in order alphabetically or numerically.  □ LIBRARY MAINTENANCE Perform general duties to keep library looking nice. Possible duties include cleaning whiteboards, straightening books on shelves, cleaning computer monitors, keyboards, mice, and public work stations.  □ EVENTS AND ACTIVITIES Perform various duties during a program. Act as crowd control during popular events. May also includes distributing, organizing, and preparing materials for programs.  □ SHORT TERM/SPECIAL ASSIGNMENTS May include assisting with special events, promoting programs, helping with book sales, designing marketing materials or other projects as needed.									
At which library do you prefer to work? Hebron & Josey									
What days and times are you available to work? Please fill in the hours you are available below.  Monday Tuesday Wednesday Thursday Friday Saturday Sunday							Sunday		
			J				2 <u>j</u>		
Are you required to fulfill a specific number of volunteer hours? Yes No If YES, how many hours?									
<b>Do you need to fulfill these hours by a certain date?</b> Yes No If YES, when is your deadline?									
Please list 2 personal and/or professional references we can contact about your abilities.									
Name: Phone:									
Name:			Phone:						

Describe your experiences, skills or education which r	nay be helpful in a volunteer position.
Which of your hobbies or interests might benefit the l	ibrary?
Why are you seeking a volunteer assignment with the	library?
NOTICE: ALL APPLICANTS of In consideration of your accepting my or my child's applicant Carrollton Libraries, I hereby, for myself, my child, my hard its agents, employees, representatives, successors and my child as a result of my or my child's participation as a of Carrollton the right to use my or my child's photograp name both single and in conjunction with other persons on not limited to private or public presentations, advertising warrant that I have the right to authorize the foregoing use Carrollton harmless of and from any and all liability of w from such uses. For the consideration stated above, I further repudiates or attempts to repudiate such release I will perform the event of a serious accident or illness, normally the Carrollton Fire Department Paramedics to perform first a a hospital: (2) reach the parent or guardian as soon as the	ication to provide volunteer services in the eirs, executors, and administrators, waiver and child may have against the City of Carrollton dassigns for any and all injuries by myself or a volunteer. I do hereby grant and give the City h or image with or without my or my child's r objects for any and all purposes including but publicity and promotion relating thereto I es and do hereby agree to hold the City of hatever nature which may arise out of result her agree that in the event that my child sonally indemnify and save harmless the City ressors and assigns, for any and all loss and City of Carrollton (1) would contact the id and when necessary recommend transport to
Signature:	Date:
Parent/Guardian Signature (if under 18):	Date:
EMERGENCY CONTACT	
Name and relationship: Pho	one number: