

Livingston County Public Library

Volunteer Interest Form

Name: _____

Address: _____

City :

State:

Zip Code: _____

Email Address: _____

Phone Number: _____

Emergency Contact/Phone: _____

Information needed for a background check:

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

What days are you available to volunteer? Please check all that apply:

Tuesday Wednesday Thursday Friday Saturday

What time do you prefer?

Morning Afternoon Evening

What kind of work do you enjoy doing? (Shelving materials, arranging materials in numerical and alphabetical order, conducting story hour, straightening shelves, typing, etc.)

Are you 18 years or older? Yes No **If you are under 18, what is your age?** _____

(Volunteers under the age of 18 must have signed parental consent.)

If appointed as a volunteer through the library, I agree to cooperate with library staff, abide by all library policies, and honor the schedule agreed upon for volunteering. I attest that all the above information is true.

Signature of Volunteer Applicant

Date _____

Signature of Parent (if volunteer is under 18 years of age)

Date _____