



Rolling Hills LIBRARY

Volunteer Application

Personal Information

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell/work phone: _____

Email: _____

What is the best way to reach you during the day? _____

Date of Birth : _____ Age if under 18: _____

Are you a student? Yes No Employed? Yes No

Emergency Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ Contact Telephone: _____

Do you have a community service requirement? Yes No

Please check which it applies to: School Work Court Other

If yes, what is the name of the organization? _____

If yes, how many hours do you need to complete? _____

Skills

Do you know how to use a computer? Yes No

Are you familiar with: Internet Word Microsoft Excel

What language(s) other than English do you speak and/or write with fluency

What special interests and/or skills do you have that may help us to match you with the best volunteer assignment?

Interests

Which volunteer areas would interest you? (Check all that apply)

- Checking in library materials
- Shelving books
- Clerical
- Helping with Library and Friends Mailing
- Assisting with children’s programs
- Assisting with adult programs
- Straightening shelves and book order
- Helping with book sales
- Working in the Friends Bookstore
- Indoor cleaning and minor repairs
- Repairing and covering books
- Special events
- Outdoor Gardening

Any other comments:

Library Volunteer Availability

Would you prefer to volunteer on a regular basis or for special events? _____

How many hours do you wish to work each week? _____

I will be available to volunteer beginning date: _____

Which branch location do you prefer ? Belt Branch Savannah Branch

I am available for Volunteer Service: (Please check all days/times that apply.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Signature _____ Date _____

Parent/Guardian Consent (for volunteers under age 18)

I give permission for the above applicant to volunteer at the Rolling Hills Consolidated Library for a maximum of _____ hours per week (three hours minimum). If you need to reach me, my phone number is Day _____ Evening _____ Cell _____

Parent/Guardian Signature _____ Date _____

For RHCL Volunteer Coordinator Only

Interview Date: _____ Interviewed by: _____

Accepted Yes No Start Date: _____

Assignment: _____

Comments: _____

