

Volunteer Application

Please fill out this application as completely as possible to help us determine the needs of the library as well as your own.

Name _____ Age _____

Address _____

Phone _____ Social Security Number (if over the age 18) _____

Reason for volunteering _____

In case of emergency, please notify: _____ Phone _____

Days/Times I'd like to volunteer _____

List any hobbies, or interests that you might have _____

Agreement

I agree to volunteer at the Salem City Library and follow the established guidelines. My hours may be scheduled in advanced and I understand that I am expected to arrive on time and be ready to work.

If for any reason a change in my schedule needs to be made, I will contact the library as soon as possible.

I also understand that the Library may chose to terminate my participation in service if I fail to meet my schedule on a consistent basis, if I do not perform the tasks in an efficient manner or if my behavior is inappropriate.

Signature _____ Date _____

If under the age 18 an additional signature from a parent or guardian is required.

*I have read the application form, and give my permission for my child to be a volunteer

Parent or Guardian Signature _____ Date _____

Librarian Signature _____ Date _____

Name _____

Work Record

Date	Time in	Time out	# of Hours	Activities
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments

Thank you for offering your time and talents to the Salem City Library.

You have completed a total of _____ hours.

Librarian signature _____