



Volunteer Application

General Information

Name: _____
Mailing Address: _____
City/Zip: _____
Primary Phone #: _____
Secondary Phone #: _____
Email: _____
Birthday: _____
Emergency Contact/Phone #: _____

Areas of Interest (Please check all that apply)

Shelver _____ Shelf-Reader _____ Circulation Desk Worker _____
Program Assistant _____ Other _____

- 1) What special skills, interests, or training do you have? _____

- 2) Are you required to perform service hours for another agency, organization or school? If so, please name the agency, supervisor name and phone number, and the number of hours required. _____

- 3) Are you willing to submit to a criminal and/or drivers background check if required?
Yes _____ No _____
- 4) What days are you available to volunteer? Please check all that apply:
Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____
- 5) What time of day do you prefer?
Morning _____ Afternoon _____ Evening (Tues. and Wed. only) _____
- 6) Number of hours per week you are available to volunteer: _____
- 7) To best meet your needs, please describe any particular goals or expectations that you have regarding volunteering at Hudson Area Library: _____

Volunteers 18 Years of Age and Older:

In consideration of the opportunity to volunteer with Hudson Area Library, I fully and completely release Hudson Area Library, its board, and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the Library. I acknowledge that any photograph or videotape taken of me participating in this volunteer activity may be used for outreach, education, or documentation purposes by Hudson Area Library.

By my signature below, I verify that I understand the rights, responsibilities and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify Hudson Area Library, its officials, and employees from liability for property damage and/or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer Signature: _____ **Date:** _____

Volunteers 12 Through 17 Years of Age:

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the Hudson Area Library volunteer program. I also agree to indemnify, hold harmless, and release Hudson Area Library, its board, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or videotape taken on my child/ward participating in this volunteer activity may be used for outreach, education, or documentation purposes by Hudson Area Library.

Parent/Guardian Signature: _____ **Date:** _____

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer Signature: _____ **Date:** _____

<u>(For Library Use Only)</u>	
Interview Date: _____	Interviewer: _____ Orientation: _____ Training: _____
Supervisor/Division: _____	
Assigned Task: _____	
Assigned Day and Time: _____	
Start Date: _____	
Notes:	