

**MATHEWS MEMORIAL LIBRARY  
VOLUNTEER APPLICATION**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**AGE GROUP**       Adult (19+)    Young Adult (12-18)    Youth (10-11)

**LIBRARY EXPERIENCE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL TALENTS / INTERESTS / PREVIOUS VOLUNTEER EXPERIENCE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPUTER SKILLS**

\_\_\_\_\_

**DAY(S) / TIME(S) AVAILABLE** (Indicate exact days and hours available)

SUN	MON	TUES	WED	THUR	FRI	SAT

**I UNDERSTAND AS A VOLUNTEER THAT:**

1. I will be working under the supervision of a designated staff member.
2. If I am unable to come at my designated day and time, I am responsible for notifying my supervisor and, if possible, for finding a substitute.
3. When I am working at the library, I will not spend my work time with any activities that delay me from my assigned tasks.

**SIGNATURE** \_\_\_\_\_

**PARENT'S SIGNATURE** (Under 18) \_\_\_\_\_