SUTHERLIN
C. GILES HUNT MEMORIAL LIBRARY
VOLUNTEER APPLICATION

LAST NAME: _____ FIRST Name: _____

MAILING ADDRESS: _____ _____

PHONE:_____ E-MAIL: _____

EMERGENCY CONTACT:_____ PHONE _____

VOLUNTEER/WORK EXPERIENCE: _____

_____

SPECIAL TRAINING/SKILLS/INTERESTS: _____

_____

AVAILABILITY: ❑ MORNING ❑ AFTERNOON
❑ TUESDAY ❑ WEDNESDAY ❑ FRIDAY ❑ SATURDAY

COMPUTER SKILLS ❑ NONE ❑ MINIMAL ❑ ADVANCED

AREAS OF INTEREST (please check all that you are interested in)

❑ OPENING/CLOSING LIBRARY
❑ SHIFT VOLUNTEER
❑ SCHEDULING VOLUNTEER
❑ COMPUTERS FOR PUBLIC USE
❑ CHILDREN'S PROGRAMS
❑ OTHER SPECIAL PROGRAMS
❑ NEWSPAPERS/PERIODICALS
❑ SERVE ON COMMITTEE
❑ MAINTAINING EXCEL SPREADSHEETS
❑ FUNDRAISING ❑ BOOK SALES
❑ DESIGNING OF FLYERS
❑ PUBLICITY
❑ LIBRARY WEBSITE/SOCIAL MEDIA
❑ FORMATION OF NON PROFIT

I understand that as a part of my volunteer application I must successfully pass a criminal background check and sign a volunteer partnership agreement before I am allowed to volunteer.

_____ _____

Volunteer Signature Date

FOR OFFICE USE ONLY

❑ Approved By: _____ Date: _____
❑ Forwarded To: _____ Date:_____
❑ Not Approved By _____ Date: _____

4/9/17