



Library Services Adult Volunteer Application

Date: _____

Application must be completed fully by the applicant. ALL information is required and will be used solely within the Bruton Memorial Library. Please complete both pages of this application. Please *print clearly*.

Personal Information

Name _____

Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Email _____ Phone (____) _____ Cell (____) _____

Date of Birth ____/____/____ Driver's License Number _____ County _____

Emergency Contacts

1. Name: _____ Phone: (____) _____

2. Name: _____ Phone: (____) _____

Volunteer and Work Experience

Are you presently employed? Yes No

If so, may we contact you at work? Yes No Work Phone (____) _____

Have you previously volunteered or worked for a library system? Yes No

If so, where? _____ When? _____

Please list any special skills, training, education, or spoken languages (other than English): _____

Reason for Volunteering: _____

Please list your availability to volunteer (days and time):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____ to _____						

Adult Volunteer Application Continued

Personal References

(Do not include family members)

1. Name: _____ Year Known: _____

Relationship: _____ Phone: (____) _____ Email: _____

2. Name: _____ Year Known: _____

Relationship: _____ Phone: (____) _____ Email: _____

All volunteer applicants will be required to provide one of the following forms of identification when applying:

- Valid Driver's License
- Student Identification Card
- Employee Identification Card
- Military Identification Card
- Passport/Visa
- Immigration record, or
- Consulate-Issued Identification Card

I understand that a background check will be completed if accepted as a volunteer.

I agree _____
(Please initial)

Applicant Signature

Date

OFFICE USE ONLY

BC Completion ____/____/____ Sat. Unsat. Start Date: ____/____/____

Informed of dress code Type of ID presented _____