



AVAILABILITY

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
to	to	to	to	to	to

I will be able to volunteer starting: \_\_\_\_\_ (Date)

EMPLOYMENT

Are you currently employed?      Yes      No

List most recent employers with dates and duties:

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VOLUNTEER EXPERIENCE

Have you volunteered before?      Yes      No

Have you volunteered at a library?      Yes      No

List most recent volunteer experiences including dates and duties:

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REFERENCES

List at least one employer, supervisor, or teacher we may contact as a reference:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/School: \_\_\_\_\_ Telephone: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Emergency Contact (Name): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

*All information on this volunteer application is accurate, to the best of my knowledge. If I become a volunteer, I agree to abide by all the rules and regulations of the Western Counties Regional library system.*

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Volunteering in your local library is a positive and satisfying experience. Our Volunteer Coordinator can help match your talents with our needs. Return this form to any library or call the Main Library at (304) 528-5700 and ask to speak to our Volunteer Coordinator for more information.



CABELL COUNTY  
PUBLIC LIBRARY

# YOUTH VOLUNTEER APPLICATION

Ph: 304-528-5700

Fax: 304-528-5866

Email: amanda.ross@cabellcountylib.org

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Guardian Name: \_\_\_\_\_

Guardian Phone: \_\_\_\_\_

I am a:

High School Student

Middle School Student

Other: \_\_\_\_\_

I am seeking this volunteer position:

to satisfy school or club requirement

to become a regular volunteer

If applicable, I need to complete my library service by: \_\_\_\_\_ (Date)

If applicable, I need to complete \_\_\_\_\_ hours of volunteer service

Preferred library branch for volunteer service:

Main (Downtown)

Barboursville

Cox Landing

Gallaher

Guyandotte

Milton

Salt Rock

West Huntington

Skills, abilities, or interests that are applicable to you: (Check all that apply)

Shelving

Program Aid (story time etc.)

Program Prep (crafts, pick out books, etc.)

Cleaning

Computer Help

Homework Help

Other \_\_\_\_\_

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Are you currently employed?      Yes                  No

List most recent employers with dates and duties:

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VOLUNTEER EXPERIENCE

Have you volunteered before?      Yes                  No

Have you volunteered at a library?      Yes                  No

List most recent volunteer experiences including dates and duties:

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REFERENCE

List at least one personal reference (employer or teacher preferred) we may contact as a reference:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company/School: \_\_\_\_\_ Phone: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Emergency Contact (Name): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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Signature (Child): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY

Referred to: \_\_\_\_\_ Placement: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_