

## **ADULT VOLUNTEER APPLICATION**

Ph: 304-528-5700

Fax: 304-528-5866

Email: amanda.ross@cabellcountylib.org

Volunteers are an important resource throughout the Western Counties Regional Library System. The contributions made by those who volunteer increase the quality and breadth of library service for everyone in the community.

Name:				Phone:			
Address:							
City/State	e/Zip:						
Email:							
Are you 1	18 years of older?	Yes	No				
am seek	king this volunteer	position:	to satisfy education	onal/schola	rship requireme	nt	
			to become a regu	ılar volunte	er		
am a:	College Stud	ent	Adult	Senior (	65+)		
	Other:						
f applica	ble, I need to com	plete my library	service by:		(Date)		
f applica	ble, I need to com	plete	hours of voluntee	er service			
Preferred	l library branch for	volunteer servic	e: Main (Dowr	ntown)	Barbours	ville	
C	ox Landing	Gallaher	Guyandotte		Milton	Salt Rock	
W	est Huntington						
Skills, abi	ilities, or interests t	hat are applicab	le to you: (Check all	that apply)			
SI	Shelving Items		Book Processing		Clerical Tasks		
C	Cleaning Materials		Checking Shelved Items		Previous Library Work		
C	Computer Skills Ar		nd Crafts	Genealogy & Local History		ory	
D	Digitization I		nd Handicapped Se	vices Homework H		rk Help	
_	ther						

## **AVAILABILITY**

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

I will be able to volunteer starting:			(Date)			
EMPLOYMENT						
Are you currently employed? Y	'es	No				
List most recent employers with dates	and duties:					
VOLUNTEER EXPERIENCE						
Have you volunteered before?	Yes		No			
Have you volunteered at a library?	Yes		No			
List most recent volunteer experiences	including o	dates and	d duties:			
REFERENCES						
List at least one employer, supervisor,	or teacher \	we may c	contact as a reference:			
Name:		T	itle:			
			Telephone:			
EMERGENCY CONTACT INFORMATION	N					
Emergency Contact (Name):			Relationship:			
Address:						
			Cell:			
			o the best of my knowledge. If I become a volunteer, stern Counties Regional library system.			
Signature :	<u>.</u>		Date:			
Volunteering in your local library is a posit	ive and satis	fying exp	Date:erience. Our Volunteer Coordinator can help match your			

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.



## YOUTH VOLUNTEER APPLICATION

Ph: 304-528-5700

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Email: amanda.ross@cabellcountylib.org

			Today's Date:					
Name:			Phone:					
Address:								
City/State/Zip:								
Email:								
Date of Birth	Guardiar	n Name:						
Guardian Phone: _								
l am a:			I am seeking this volunteer position:					
High Schoo	High School Student			to satisfy school or club requirement				
Middle Sch	ool Student		to become a regular volunteer					
Other:								
f applicable, I need to complete my library service			e by: (Date)					
If applicable, I nee	d to complete	hours	of volunteer service	ce				
Preferred library b	ranch for voluntee	r service:	Main (Downto	wn) Ba	rboursville			
Cox Landin	g Gallahe	er Gu	yandotte	Milton Sal	t Rock			
West Hunti	ington							
Skills, abilities, or i	nterests that are ap	oplicable to you: (C	Theck all that apply	·)				
Shelving	Shelving Program Aid (story time etc.) Program Prep (crafts, pick out books, etc.)							
Cleaning	Compu	iter Help	Homework He	elp				
Other								
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: **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: **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: 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 (Child): \_\_\_\_\_\_ Date: \_\_\_\_\_ Signature (Parent/Guardian): \_\_\_\_\_ 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. OFFICE USE ONLY Referred to: Placement:

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

Supervisor: