



# Volunteer Application

455 Ninth Street,  
 Huntington, WV 25701  
 Phone: (304) 528-5700  
 Fax: (304) 528-5701

(email completed application to [amanda.ross@cabellcountylib.org](mailto: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.

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

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

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

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

Are you 18 years of older? \_\_\_\_\_

- I am a:  College Student  
 Adult  
 Senior (65+)

I am seeking this volunteer position:

- to satisfy educational/scholarship requirement  
 to become a regular volunteer  
 other: \_\_\_\_\_

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

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

- Shelving Items       Book Processing       Clerical Tasks       Cleaning Materials  
 Checking Shelved Items       Previous Library Work       Computer Skills       Arts and Crafts  
 Genealogy & Local History       Digitization       Blind and Handicapped Services  
 Homework Help       Other \_\_\_\_\_

## Availability:

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

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

**EMPLOYMENT**

Are you currently employed? \_\_\_\_\_

List most recent employers with dates and duties:

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

**VOLUNTEER EXPERIENCE**

Have you volunteered before? \_\_\_\_\_ Have you volunteered at a library? \_\_\_\_\_

List most recent volunteer experiences including dates and duties:

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

**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: \_\_\_\_\_ Secondary: \_\_\_\_\_

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.

<p><b>OFFICE USE ONLY: Referred to:</b> _____</p> <p><b>Placement:</b> _____ <b>Supervisor:</b> _____</p> <p><b>Start Date:</b> _____ <b>End Date:</b> _____</p>
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