



Fred & Harriett Taylor Memorial Library

Volunteer Registration

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-mail _____

Emergency Contact Name: _____ Phone _____

Under 18____ (parental permission needed)

RSVP Volunteer? (Age 55+)
Yes _____ NO _____

- Availability:** [] **Monday** [] morning, [] afternoon, [] evening, [] flexible
 [] **Tuesday** [] afternoon, [] evening, [] flexible
 [] **Wednesday** [] morning, [] afternoon, [] evening, [] flexible
 [] **Thursday** [] afternoon, [] evening, [] flexible
 [] **Friday** [] morning, [] afternoon, [] flexible
 [] **Saturday** [] morning, [] afternoon, [] flexible

List as many choices as possible. We'll work together to find the best time for you and the library.

How many hours per week are you willing to work? _____

Do you have a certain number of hours that must be completed? ____ If so, how many? ____

Interests, skills, personal hobbies? Let us know if you have skills you might use such as computer skills, storytelling/reading, art skills, etc. _____

Current or Previous Volunteer Experience _____

Volunteer Pledge (please read carefully)

- I will be punctual and conscientious in the fulfillment of my duties. (Please notify the library director of a change in your schedule, for example: vacation, doctor appointments, etc.)
- I will conduct myself with courtesy and consideration for patrons, other volunteers and staff.
- I will consider as confidential all information that I may hear, directly or indirectly, concerning staff, patrons and other volunteers.

Signature _____ **Date** _____

Parent signature for volunteer under 18 _____ **Date** _____