Livingston County Public Library
Volunteer Interest Form

Name: _____

Address: _____

City : _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Emergency Contact/Phone: _____

Information needed for a background check:

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

What days are you available to volunteer? Please check all that apply:

□ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday

What time do you prefer?

□ Morning □ Afternoon □ Evening

What kind of work do you enjoy doing? (Shelving materials, arranging materials in numerical and alphabetical order, conducting story hour, straightening shelves, typing, etc.)

_____

_____

Are you 18 years or older? □ Yes □ No **If you are under 18, what is your age?** _____

(Volunteers under the age of 18 must have signed parental consent.)

If appointed as a volunteer through the library, I agree to cooperate with library staff, abide by all library policies, and honor the schedule agreed upon for volunteering. I attest that all the above information is true.

_____ Date _____

Signature of Volunteer Applicant

_____ Date _____

Signature of Parent (if volunteer is under 18 years of age)