Sioux Center Public Library

Volunteer Application

Contact Information:

First Name: _____ Last Name: _____

Address: _____ City: _____

Phone Number: _____ Email: _____

Age: _____ Library Card Number: _____

Interests & Skills:

Areas of interest and skills:

_____

_____

_____

Availability:

Mark all that apply. Please feel free to add comments or specific times if needed:

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Mornings						
Afternoons						
Evenings						

I would be interested in volunteering:

- ☐ Ongoing
- ☐ This semester
- ☐ This summer
- ☐ Other (please specify): _____

I would like to volunteer _____ hours per _____ (week, month, etc.).

Comments:

_____

_____

Reference:

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Relationship: _____

Signature & Waiver:

I hereby agree to indemnify and hold harmless the library and its officers, agents, employees, advisors, customers, and other volunteers from any liability or claims of loss, costs or expenses, including attorney fees, for personal injuries to me or damage to my property or theft or loss of my property in connection with my participation and work as an unpaid volunteer at the library.

Volunteer's Signature: _____

Parent/Guardian Signature (for minors): _____

Date: _____