



(410) 749-3612 ext. 140
www.wicomicolibrary.org

Volunteer Application

Print Please!

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Email: _____

Cell: _____ Home: _____ Work: _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone: _____

How did you hear about Wicomico Public Libraries volunteer opportunities?

Please circle **two** locations that are convenient for you to volunteer at:

Downtown

Centre

Pittsville

Bookmobile

(multiple locations)

At what times would you be available?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

What types of volunteer work are you interested in? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Shelving Books & Materials | <input type="checkbox"/> Book Sale/Bookstore |
| <input type="checkbox"/> Light Cleaning & Dusting | <input type="checkbox"/> Job Search Center |
| <input type="checkbox"/> General Office Work | <input type="checkbox"/> Homework Help Center |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Project READ |
| <input type="checkbox"/> Educational Programs & Workshops | <input type="checkbox"/> Special Events |

Education/Training/Skills

Highest level of education completed:

High School GED Some College Bachelor Masters Doctoral

Area(s) studied: _____

Current Occupation: _____

Describe any special interests, hobbies, or skills you may have:

Do you speak a language other than English?

Yes No If yes, which language(s): _____

Volunteer Experience

Organization	Task/Responsibilities

References

Name: _____ Phone: _____

Relationship: Employer Family Friend

Name: _____ Phone: _____

Relationship: Employer Family Friend

Have you ever been convicted, imprisoned, placed on probation, or fined for any violation of any law or ordinance (not including parking violations)?

Yes No If yes, please explain: _____

Please read before signing!

By signing below, I certify that all the information contained in this application is true to the best of my knowledge. I also understand that knowingly falsifying information on this application is grounds for dismissal as a Wicomico Public Libraries Volunteer.

I further agree that, should I accept a placement as a volunteer of Wicomico Public Libraries, I will **NOT** hold the agency liable in the event of personal loss or injury.

Signature

Date

Please return completed application to a library staff member.