

PREVIOUS VOLUNTEER EXPERIENCE: Summarize your previous volunteer experience

EMERGENCY CONTACT:

Person to notify in Case of Emergency:

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____

Known Medical Issues we should be aware: _____

Indicate highest grade/level of education completed: _____

List any languages you speak fluently: _____

List any languages you read fluently: _____

Do you consent to a routine criminal background check? YES NO

Do you have a current driver's license? YES NO

AGREEMENT AND SIGNATURE:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, and false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

By signing below the volunteer does here by release and forever discharge and hold harmless the library and it successors and assigns from any and all liability, claims and demands of whatever kind or nature which arise or may hereafter arise from Volunteer's activities with the library.

Volunteer Name (printed): _____

Volunteer Signature: _____ **Date:** _____