

# Lied Scottsbluff Public Library – Volunteer Application

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

\*Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

\*if applicant is under 18 years of age

How often would you like to volunteer? (Check one)       daily     weekly     monthly

Do you have specific amount of hours you need to complete? If so, how many hours of service would you like to complete at the library? \_\_\_\_\_

Are these hours needed as a school or class requirement? \_\_\_\_\_

Are these hours Court-Ordered or for a Diversion Plan?       Yes     No

What would you like to gain from this experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you physically able to bend, stretch, lift, and push carts that are part of the library experience? (Approximately 10-25 lbs.)      Yes           

Please list the times you are available to volunteer: (Library hours are Monday-Thursday 9:00 a.m. to 7:00 p.m. and Friday & Saturday 9:00 a.m. – 5:00 p.m.)

Monday              Tuesday              Wednesday              Thursday              Friday              Saturday

Are you familiar with the arrangement of the Library and the Dewey Decimal System?

Yes     No

**Please read the paragraph below and indicate whether you understand and agree to the following terms:**

I understand that Lied Scottsbluff Public Library reserves the right to accept or decline volunteers based on our ability to train and supervise volunteers who may apply at any given time. Volunteers may be dismissed for conduct which is contrary to Lied Scottsbluff Public Library policy. Volunteers must also agree to undergo a background check.

**By signing below, I agree to these terms:**

Signature of Volunteer Applicant \_\_\_\_\_ Date \_\_\_\_\_