



## Volunteer Application

Thank you for your interest in becoming a volunteer at Glenn A. Jones M.D. Memorial Library

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Age (if under 18): \_\_\_\_\_

### Volunteer Information

I am available to volunteer at these times: \_\_\_\_\_

Dates when I will be unavailable: \_\_\_\_\_

### Emergency Contact

Person to contact in case of emergency: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

\*Please understand that an application is not a guarantee of a volunteer position. We only have so many opportunities available. Please do not be offended if you or your child are not selected for an opportunity.

Thank you for understanding!

I have read the volunteer responsibilities list and agree to comply to the best of my ability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_