

Webb Shadle Public Library
Library Volunteer Application Form

Please print clearly and complete each section. Under 18 requires parent's signature.

Name _____ Date _____

Street _____

City _____ State _____ Zip Code _____

Phone (H) _____ Cell _____

E-Mail _____

Birth Month/Day _____ Age (if under 18) _____

Person to contact in the event of any emergency:

Name _____

Relationship _____

Address _____

Phone (H) _____ Cell _____

Physician _____ Phone _____

Previous Work, Volunteer, or Computer Experience:

How many hours do you wish to work each week? _____

I will be available to volunteer beginning date: _____

I am available for Volunteer Service: (Please check all days/times that apply.)

	MONDAY	TUESDAY	WEDNESDAY	FRIDAY	SATURDAY
MORNING					
AFTERNOON					

Volunteer Interest – Please check all that apply. Activities may not be available at all times.

- Processing of Materials
- Check in Materials
- Patron Check Out
- Shelf Checking
- Shelving of Materials
- Covering Books
- Alphabetizing Books
- Organizing Activities
- Helping with Programs
- Tutoring
- Reading to Children
- Cleaning & Custodial Services

Please Sign Below:

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the library! I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

Applicants Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

(Parent/Guardian Signature is required if the applicant is under age 18)

*Thank you so much for your interest in the
Webb Shadle Public Library*

*Because of people like you we can make the library a successful place to learn and grow.
Contact us at 515-848-5617 for more information!*

Jodi A. Cook 2-14-23