



Marianne Beck Memorial Library
VOLUNTEER APPLICATION

Personal Information		
Last Name	First Name	
Home Address	City	Zip Code
Mailing Address <i>(if different from above)</i>	City	Zip Code
E-Mail Address		
Home Phone	Cell Phone	
Work Phone	Driver License Number (State ID or Passport)	

Availability					
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
# of hours would like to volunteer per month:	Available all months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, list months available:			

Interests		
What would you like to do? List any skills you have or any ways you can help in the library.		
<input type="checkbox"/> Story time	<input type="checkbox"/> Clerical duties	Other (please list):
<input type="checkbox"/> Children's programs	<input type="checkbox"/> Dust	
<input type="checkbox"/> Adult programs	<input type="checkbox"/> Computer maintenance	

Person to Notify in Case of Emergency		
Last Name	First Name	
Home Address	City	Zip Code
Home Phone	Cell Phone	Work Phone

Our Policy
 It is the policy of the Marianne Beck Memorial Library to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Agreement and Signature
 I give the Town of Howey-in-the-Hills the right to investigate my background. I hereby release from liability the Town of Howey-in-the-Hills and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature	Date
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Thank you for completing this application form and for your interest in volunteering with us.