



COMMUNITY SERVICE VOLUNTEER APPLICATION

Name: _____ Today's Date: ___/___/___

Address: _____

City, State, Zip: _____

Telephone Number: _____ Cell Phone Number: _____

School Attending: _____ Grade (circle one): 11 12

Email: _____ Grade (YS only): 9 10

“Volunteers shall be 16 (sixteen) years of age or older, except in the Youth Services Division where youngsters may apply to volunteer at age fourteen (14)” – taken from the Trustees’ Volunteer Policy

How many hours are you seeking to fill at the Fletcher Library and by what date is the Community Service to be completed?

Community Service hours may be worked on weekdays before 5 p.m. when a supervisor is available. Volunteers need to commit to a regular weekly schedule based on a supervisor’s needs. What days and times are you available to volunteer?

Does verification of service completion need to be sent to an individual or organization?
(circle one) Yes No

If yes, you will need to provide the Name and Address upon completion of your service.

What skills do you offer?

Why are you interested in volunteering at the Library?

Do you have a means of transportation to and from the Library?

Have you discussed volunteering at the Library with your parent/guardian?

Reasonable accommodation may be made to enable individuals with disabilities to perform essential functions. Library tasks require the ability to walk, talk, hear, sit, and reach. Occasionally volunteers lift and/or move up to 25 pounds. Specific vision abilities required include close and distance vision, peripheral vision, color vision, depth perception, and the ability to focus.

Parent/Guardian Signature: _____ Date: ___/___/___

*Applications may take 2-3 weeks to process. If there are no available positions, you will be notified by mail. Thank you for your interest in volunteering at the library. 8.19