

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 _____

Approved by the Library Board August 12, 2015

Approved by the Scottsbluff City Council October 19, 2015