

Kaubisch Memorial Public Library

Volunteer Application

Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____

Days you are able to volunteer: (circle one or more)

Monday Tuesday Wednesday Thursday Friday Saturday

Please plan on at least 2 hours a week for a 6 month commitment. Please indicate what hours work best for you _____

I understand that I am not entering into an employment relationship with the Kaubisch Memorial Public Library and that I am not entitled to receive any monetary compensation or any benefits including worker's compensation. I understand that either the Library or I may terminate this volunteer relationship at any time without notice. I also understand that I have an obligation to respect the confidentiality of any sensitive information and I agree that I will not disclose any such information.

Signature: _____ Date: _____

Kaubisch Memorial Public Library
Teen Volunteer Application
(ages 14-18 years old)

Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____

Days you are able to volunteer: (circle one or more)

Monday Tuesday Wednesday Thursday Friday Saturday

Please indicate what hours work best for you _____

I understand that I have an obligation to respect the confidentiality of any sensitive information and I agree that I will not disclose any such information.

Your Signature _____ Date: _____

I hereby give permission for my teen to volunteer at the Library.

I understand that my teen volunteer is not entering into an employment relationship with the Kaubisch Memorial Public Library and that he/she is not entitled to receive any monetary compensation or any benefits including worker's compensation. I understand that either the Library or my teen may terminate this volunteer relationship at any time without notice.

Parent/Guardian Signature: _____

Date: _____