

**GEORGE H. & ELLA M. RODGERS MEMORIAL LIBRARY
VOLUNTEER APPLICATION**

NAME: _____

ADDRESS: _____

Phone: Home (_____) _____ - _____ Cell: (_____) _____ - _____

Email: _____

In case of emergency contact: _____

Phone: _____ Relationship: _____

1. Availability: Mon: ___ Tue: ___ Wed: ___ Thu: ___ Fri: ___

Preferred: mornings: ___ afternoons: ___ evenings: ___

I would like to volunteer approximately _____ days or _____ hours per week. I am available to start on/after this date: _____

2. Are your volunteer hours required for class or school? Yes: ___ No: ___

If **Yes**, total hours needed: _____ Deadline for completion: _____

What school do you attend? _____

School contact person: _____ Phone: _____

3. Please describe any work/volunteer experience or skills that you have.

4. Is there any particular department/program that you would be interested in working with?

5. Reference: (Please list one personal reference we can call and talk to)

Name: _____ Phone: _____

Background check (*required)

I consent to the Rodgers Memorial Library doing a criminal background check. I understand that the library may deny my application for any reason and without explanation.

*Date of Birth: _____

*Signature of Volunteer Applicant: _____ Date: _____

Volunteer Agreement and Release

I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I shall indemnify and hold harmless the Town of Hudson and the Rodgers Memorial Library, its Board and officers, agents and employees from and against all claims, demands, loss of liability of any kind or nature for any possible injury incurred during volunteer service.

Signature of Volunteer Applicant: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____

Library Use Only

Date Received: _____ Approved by: _____

Background check completed: Yes No

Approved - orientation/ start date: _____

Denied - date notified: _____

Comments: _____

Department/Position: _____