



Volunteer Application

Thank you for your interest in volunteering at the Strathmore Municipal Library. Please complete application and return to library staff. The Volunteer Coordinator will contact you when a volunteer opportunity is available.

Name: _____
Last First M.I.

Address: _____
Street City Postal Code

Telephone: _____
Daytime Evening

Email: _____

Emergency Contact: _____
Name Telephone

If you are under 18, what is your birth date? _____
Month Year

Is this volunteer request to complete service hours? Yes No

Please indicate type of service hours needed:

Community Service School Youth Organization Other

How many hours are you required to complete? _____

Why are you interested in becoming a library volunteer?

Have you volunteered before? Yes No

If yes, where and what types of duties did you perform?

Do you have any skills or talents you would be willing to share with us for library projects or special programs (such as painting, drawing, gardening, computer skills, etc.)?

Do you have any physical limitations that might exclude you from performing activities such as bending, stretching, climbing on step stools, carrying boxes or sitting for long periods? Yes No

Please indicate your preference for day of volunteer service: (check all that apply)

Mon Tue Wed Thurs Fri Sat

Please indicate your preference for time of day: Morning Afternoon Evening

By signing below, I acknowledge my volunteer job performance may be evaluated periodically.

Signature of Applicant: _____ Date: _____

If under 18, parent/guardian's signature required here: _____

Optional: If we photograph you, may we use your picture (no last names or other personal information will be used) in promotional materials and on the web site? If you agree, read and sign below:

I, the undersigned, do hereby give and grant permission, in perpetuity, to the Strathmore Municipal Library Board of Trustees (hereafter, SMLB), to use in such manner as it may deem desirable, my appearance in any photographs. I understand that those photographs may be edited and used in whole or part in any manner of media, including but not limited to, newsprint, magazines, television and the Internet. Further, SMLB, shall have complete ownership of the photographs, and shall have the exclusive right to make use of such photographs as it deems appropriate. I understand that I am to receive no compensation for my appearance in any photograph, or as a result of any use of the photograph by SMLB. I further give and grant to SMLB the right to use my name, likeness and biographical material in connection with its use of the photographs.

Signature _____

If under 18, parent's signature required here: _____

For Office Use Only

Date Placed: _____ Orientation _____

Notes:
