



Memorial Library
OF NAZARETH & VICINITY

VOLUNTEER APPLICATION

MLNV is an Equal Opportunity Employer. This application will not be used for limiting or excluding any applicant from consideration as a Volunteer in compliance with local, state or federal law.

Date of Application _____

Name _____

Address _____

City, State & Zip Code _____

Telephone Cell _____ Other _____

Email address _____

Emergency Contact Information:

Name _____ Relationship _____

Telephone Cell _____ Other _____

Special Instructions, if any _____

Are you 18 years of age or older? Yes or No _____

Date you are available to start volunteering _____

Days and hours you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10 am - 5 pm	10 am - 8 pm	10 am - 8 pm	10 am - 8 pm	10 am - 5 pm	9 am - 4 pm

Do you have previous experience working or volunteering in a library? Yes or No _____

If yes, explain _____

Our Volunteers are needed to shelve books, make sure books are shelved correctly, search for books and cover books.

Would you be willing to help with special library events, such as book sales, Touch-a-Truck, Pet Parade or children's events? Yes or No _____

Any special skills or interests you would like to share? _____

PERMISSION OF PARENT OR GUARDIAN FOR VOLUNTEERS UNDER 18 YEARS OF AGE

I give my permission for _____
to volunteer at the Memorial Library of Nazareth and Vicinity. I understand
that training will be provided and the requirements of the position are regular
attendance and adherence to Library procedures and policies.

Signature _____

Relationship to applicant _____

Applicant's Signature _____

Date _____