

Thank you for your interest in volunteering at the Wicomico Public Library. Once you have submitted this application you will be contacted for an interview to match your skills and interests by the Volunteer Coordinator. If you have any question(s), please call 410-749-3612.

PLEASE READ BEFORE SIGNING

By signing below, I certify that all the information contained in this application is true to the best of my knowledge. I also understand that knowingly falsifying information on this application is grounds for dismissal as a Wicomico Public Library volunteer.

If accepted as a volunteer, I agree to be committed, dependable, and punctual. Accordingly, I will notify the Volunteer Coordinator, in advance, if I am unable to report for my shift, intend to take an extended leave, or plan to end my term.

I agree that, should I accept a placement as a volunteer of Wicomico Public Library, I will **NOT** hold the agency liable in the event of personal loss or injury.

Volunteer's Signature: _____ **Date:** _____

***VOLUNTEERS UNDER 18 YEARS MUST HAVE THE FOLLOWING SECTION COMPLETED BY A PARENT AND/OR LEGAL GUARDIAN.**

I am the parent and/or guardian for _____, a minor. I hereby give my permission for my child to perform volunteer services for Wicomico Public Library.

Parent/Guardian Signature: _____ **Date:** _____