

WICOMICO PUBLIC LIBRARY  
**VOLUNTEER APPLICATION**



PLEASE PRINT CLEARLY

**Instructions:** Applicants must be at least 13 years of age. Answer every question clearly, completely and to the best of your ability. Completed applications may be returned in person to any branch of the Wicomico Public Library. If you have any questions, please call 410-749-3612.

NAME:	DATE OF BIRTH:
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ADDRESS:	CITY:	STATE:	ZIP CODE:
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EMAIL:	PHONE:
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Primary method of notification:  EMAIL  PHONE

**PREFERRED LIBRARY BRANCH** (check all that apply)

Sarbanes (Downtown)   
  Centre (Salisbury Mall)   
  Riley (Parsonsburg)  
 Mobile Services (Bookmobile, Learning Lab, or off-site locations)

**AVAILABILITY FOR VOLUNTEER SERVICE:**

Please check the days of the week and the time of day you are able to volunteer.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

**EDUCATION/SKILLS**

CURRENTLY IN MIDDLE/HIGH SCHOOL   
  DIPLOMA/GED   
  SOME COLLEGE   
  BACHELOR'S   
  MASTER'S

Which language(s) do you speak?

Describe any special interests, hobbies, and/or skills you may have:

**DO YOU NEED SPECIAL ACCOMMODATIONS:**                      **YES**                      **NO**

Have you ever been convicted, imprisoned, placed on probation, or fined for any violation of any law or ordinance (not including parking violations)?                       Yes                       No

If yes, please explain:

**EMERGENCY CONTACT INFORMATION**

NAME:	RELATIONSHIP:
PHONE:	

If court ordered, please fill out the information below:  
 Case Manager: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

Hours Needed	Completion Deadline	Court System	Case Number

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:** \_\_\_\_\_