



# Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Special hobbies or interests \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

Are you required to complete a certain number of volunteer hours? \_\_\_\_\_

If so, how many? \_\_\_\_\_ By what date are these required to be completed? \_\_\_\_\_

As a volunteer with the City of Castroville, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis. I hereby apply for work as a volunteer at the Castroville Public Library. I understand that if I am accepted, I will be expected to work when I am scheduled. I will notify the library if I am unable to work as scheduled.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACT

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I consent to the above applicant volunteering at the Castroville Public Library.

Signature of Parent/Guardian \_\_\_\_\_