



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 _____