Volunteer Application

Name: _____

Address: _____

Phone: _____ **Email:** _____

Age (if under 18): _____

Emergency Contact Name & Phone: _____

Availability (days/times): _____

Areas of Interest (check all that apply):

- ☐ Shelving/organizing materials
- ☐ Programs or events
- ☐ Crafts or preparation work
- ☐ Cleaning / light maintenance
- ☐ Seasonal or holiday decorating
- ☐ Other: _____

Previous Volunteer Experience (optional):

I understand that volunteering at the Rockwell Falls Public Library is unpaid and does not create an employee–employer relationship. I have received and reviewed the Library's Volunteer Policy. I agree to follow all library policies and procedures.

Signature: _____ **Date:** _____

Parent/Guardian Consent (required if volunteer is under 18)

I give my child/ward permission to volunteer at the Rockwell Falls Public Library and acknowledge that they must comply with all library policies and safety rules.

Parent/Guardian Name (print): _____

Signature: _____ **Date:** _____

Phone: _____