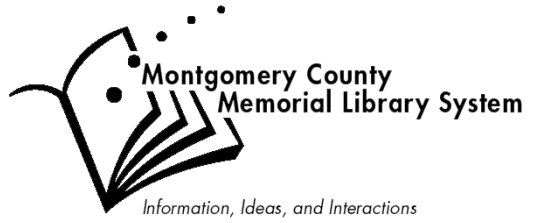


Volunteer Application



Return Completed Form To:
George and Cynthia Woods Mitchell Library
8125 Ashlane Way
The Woodlands, TX 77382

Please Check Applicable Box

| | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Court Ordered Community Service |
| <input type="checkbox"/> | Summer Volunteer |
| <input type="checkbox"/> | Teen Volunteer |
| <input type="checkbox"/> | Adult Volunteer |
| <input type="checkbox"/> | Other (specify): _____ |

(PLEASE PRINT)

Date Available to Volunteer: _____

PERSONAL INFORMATION

Name: _____

Street Address: _____

City, State, ZIP: _____

Email Address: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Allergies: _____

Age: _____ *Volunteers under age 18 must have their parent/guardian sign consent on page 3.*

EMERGENCY CONTACT INFORMATION

In case of an emergency, who should be notified?

Name: _____

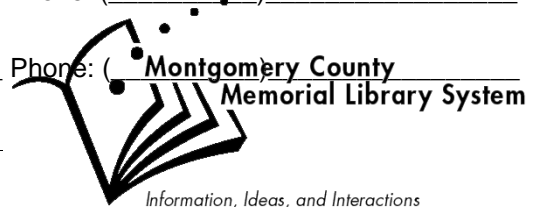
Relationship: _____

Address: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Additional Contact: _____ Phone: (_____) _____

Volunteer Application



VOLUNTEER PREFERENCES (Subject to Library Needs)

Total Number of Volunteer Hours Requested: _____

Date By Which Hours Must Be Completed: _____

Department or area that you prefer (please circle):

Circulation Children's Dept. Adult Services Teen Services Other: _____

List any specific skills you would like to use: _____

Please indicate below the days and times that you are available to work a **two-hour** shift or longer:

MON: ____ to ____ TUES: ____ to ____ WED: ____ to ____ THURS: ____ to ____ FRI: ____ to ____

REFERENCE INFORMATION

Circle Highest Grade Completed: 5 6 7 8 9 10 11 12 College (years or degrees completed): _____

Please name a personal or professional reference: _____

Personal Professional (*teacher, supervisor, etc.*) Phone: (_____) _____

Have you ever been convicted of a crime that has not been expunged or pardoned, other than a minor traffic or parking violation?

No Yes If yes, please explain: _____

FOR OFFICE USE ONLY

Interview Date: _____ Interviewed By: _____

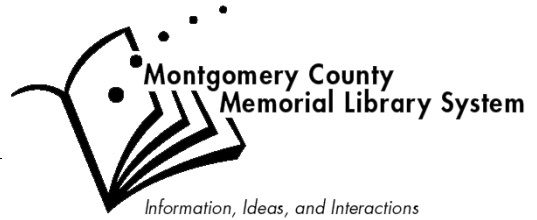
Comments: _____

Start Date: _____ End Date: _____

Approved Tasks: Shelving Cutting Stamping Program Assistance Computer Work
 Other _____

Signature of Designated Volunteer Supervisor: _____

Volunteer Application



Page 3 of 3

TO BE SIGNED AND DATED BY THE APPLICANT

By signing below, I am indicating that the statements made on this Application are true to the best of my knowledge. I sign this document of my own free will.

I understand submitting an application does not guarantee a volunteer assignment. Should I be assigned a volunteer position at Montgomery County, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

I authorize Montgomery County Memorial Library System to make inquiries as to my experience and character, and to certify that all statements made on this application are true. A background check may or may not be required prior to beginning volunteer work.

I, _____, do hereby release and hold harmless the Montgomery County Memorial Library System and agree to indemnify and hold harmless Montgomery County from any and all liability, claims or causes of action that may arise for any accidents, injuries, or illness that may occur from my participation in the Library Volunteer Program. I waive any right of action I have against Montgomery County in consideration of my participation as a volunteer for the County. I also agree that the Montgomery County Memorial Library System has permission to use my name, photograph or videotaped image in publicity about the Library system activities.

Please note that if an accident or incident occurs involving a volunteer, the same procedure that is followed for a Library patron will apply. Workman's Compensation claims do not apply to volunteers, only to Library employees.

Signature: _____ Date: _____

(A parent or guardian must complete the following consent statement if Applicant is under the age of 18)

I give permission for my minor child, _____, to volunteer for a maximum of _____ hours per week (two hours minimum), and I agree to the statements above on my child's behalf. I understand that children under 13 must be accompanied by a parent/guardian at all times while in the Library. I can be reached at the following number: (_____)_____.

Signature of Parent/Guardian: _____

Parent/Guardian Printed Name: _____