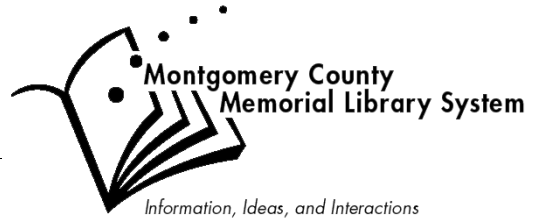


# Volunteer Application



Return Completed Form To:

**R. B. Tullis Library**  
21569 U.S. Hwy 59  
New Caney, TX 77357

**Please Check Applicable Box**

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

(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: \_\_\_\_\_

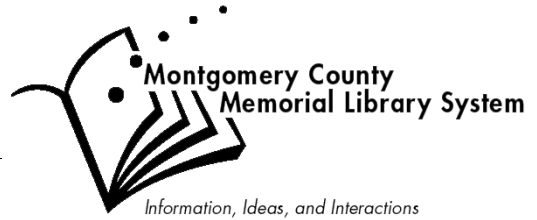
Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

# Volunteer Application



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## 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: \_\_\_\_\_  
\_\_\_\_\_

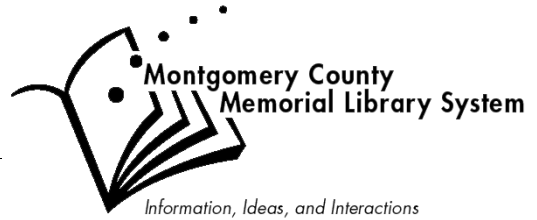
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Approved Tasks:  Shelving     Cutting     Stamping     Program Assistance     Computer Work

Other \_\_\_\_\_

Signature of Designated Volunteer Supervisor: \_\_\_\_\_

# Volunteer Application



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## 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: \_\_\_\_\_