



VOLUNTEER APPLICATION

PLEASE NOTE: Volunteering at the Highland City Library **CANNOT** be used for court-appointed community service hours.

**LIBRARY VOLUNTEERS MUST BE 14 YEARS OF AGE OR OLDER
VOLUNTEERS UNDER 18 YEARS OF AGE MUST HAVE PERMISSION OF PARENT/GUARDIAN
SORRY, THE LIBRARY CANNOT ACCEPT COURT ORDER COMMUNITY SERVICE VOLUNTEERS**

Name_____

Birthday_____

Home Address_____

City_____

Zip Code_____

Telephone_____

E-mail Address_____

Please share why you are interested in volunteering at the library.

Previous volunteer experience:_____

Please mark days/times you are available. On Friday and Saturday the library closes at 4 p.m.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
10:00 – 11:00						
11:00 – 12:00						
12:00 – 1:00						
1:00 – 2:00						
2:00 – 3:00						
3:00 – 4:00						
4:00 – 5:00						
5:00 – 6:00						
6:00 – 7:00						
7:00 – 8:00						

Notes about your schedule_____

Emergency Contact_____

Name_____

Relationship_____

Phone Number_____

E-mail address_____

I verify that all the above information is correct.

Signature_____

Signature of Parent/Guardian (for minors)_____

Please return form to library or email to librarydirector@highlandut.gov.