

INDIVIDUAL VOLUNTEER APPLICATION

Please return your completed volunteer application to the following address: Huntsville-Madison County Public Library Attn: Marianne Lenox, Volunteer Coordinator 915 Monroe Street; Huntsville, AL 35801

You can also fax your completed application to 532-5997. We will contact you once we review your application. An interview may be necessary before assigning a volunteer position. Please allow up to **5** business days for the application review process. If you have any questions, please call the Volunteer Coordinator, Marianne Lenox, at 532-2352 or e-mail <u>mlenox@hmcpl.org</u>.

Application Date:							
First Name:			Last N	lame:			
Address:		_ City:		State:	Zip:	:	
Phone Number: ()		_ E-mail	Address:				
Employer/School Na	.me:			Gra	ade Level Con	npleted:	
1. What hours are y	ou available? (Please be as spe	cific as possible))			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
2. Are your volunte	er hours requi	ed for a class o	or school?	_YES	NO		
If YES, tota	l hours needed_	De	adline for comp	letion			
Total numb Please note Statements	YES (Must com er of hours need You are requir are only generat	plete the inform ed ed to notify the ed on weekdays	ation below) Deadline fo Library if a state	NO r completion ment indicating requires a forty	g hours worked -eight (48) ho	d must be sent to a	a third party. contact Marianne
4. Library Branch I would most prefer to your #1 preferred br	be placed, #2 b						
	-	Bailey Co	ove	Ma	in Library		
	-	Bessie K	. Russell	Mo	nrovia Public	Library	
	-	Eleanor I	E. Murphy	Osc	car Mason		
	-	Elizabeth	a Carpenter	Sho	owers Center L	Library	
	-	Gurley P	ublic Library	Till	man D. Hill		
	-	Madison	Public Library	Tria	ana Library		

5. Please describe any work/volunteer experience and special skills you have._____

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	f <mark>tasks/duties you would like to do as a</mark> trons about available holds	Maintain book displays
Clerica		Making copies
	<u> </u>	On-Shelf Holds Wrangler
	rge (greeter)	Organize storage areas
Craft a	ide	Program Set-up
	ys and bulletin boards	Putting labels / stickers on books
Dust sł	nelving	Refreshments for library event
Foreign	n language translator	Shelving
Garden	ing	Story Time Aide
Homew	vork helper	Summer Reading Club helper
Library	tours	Teen group helper
	Dbituary Indexer	Telephoning patrons
	s (not a relative and must be 18 or oldo	er) Relationship
Name	Phone	
Name	Phone Phone	Relationship
Name Name 9. Do you have any ph	Phone Phone	Relationship Relationship , etc.) of which we should be aware?
Name Name 9. Do you have any ph	Phone Phone ysical or medical conditions (allergies,	Relationship Relationship , etc.) of which we should be aware?
Name Name 9. Do you have any ph If YES, please explain_	Phone Phone ysical or medical conditions (allergies, gency, please contact:	Relationship Relationship , etc.) of which we should be aware?
Name Name 9. Do you have any ph If YES, please explain_ 10. In case of an emerge (Print Name)	Phone Phone ysical or medical conditions (allergies, gency, please contact:	Relationship Relationship , etc.) of which we should be aware? (Relationship to volunteer)
Name Name 9. Do you have any ph If YES, please explain_ 10. In case of an emerge (Print Name)	Phone ysical or medical conditions (allergies, gency, please contact: (Phone Number) n name and signature (if applicant is a	Relationship Relationship , etc.) of which we should be aware? (Relationship to volunteer)
Name Name 9. Do you have any ph If YES, please explain 10. In case of an emerge (Print Name) 11. Parent or Guardia	Phone ysical or medical conditions (allergies, gency, please contact: (Phone Number) n name and signature (if applicant is a	Relationship Relationship , etc.) of which we should be aware? (Relationship to volunteer) a minor)
Name Name 9. Do you have any ph If YES, please explain 10. In case of an emerge (Print Name) 11. Parent or Guardia (Print Name) <i>Library Use Only:</i>	Phone phone ysical or medical conditions (allergies, gency, please contact: (Phone Number) n name and signature (if applicant is a (Phone Number)	Relationship Relationship , etc.) of which we should be aware? (Relationship to volunteer) a minor)
NameName 9. Do you have any phone If YES, please explain 10. In case of an emerge (Print Name) 11. Parent or Guardia (Print Name) <i>Library Use Only:</i> Date received:	Phone	Relationship Relationship , etc.) of which we should be aware? (Relationship to volunteer) a minor) (Signature)