



GROUP VOLUNTEER APPLICATION

Please return your completed volunteer application to the branch where you wish to volunteer, fax to 532-5997, or mail to the following address:

Huntsville-Madison County Public Library
Attn: Michelle Labde, Volunteer Coordinator
915 Monroe Street; Huntsville, AL 35801

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, please call the Volunteer Coordinator, Michelle Labde at (256) 532-2352.

Application Date: _____ Company / Organization: _____

Name of Group Leader: _____

Address: _____ City: _____ State: _____ Zip: _____

Has your group ever volunteered with Huntsville-Madison County Public Library before? _____ YES _____ NO

Describe briefly what your organization does: _____

1. What hours are you available? (Please be as specific as possible)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

2. Are your volunteer hours required for a class or school? _____ YES _____ NO

If YES, total hours needed _____ Deadline for completion _____

3. Are your volunteer hours a requirement to fulfill a court-ordered community service requirement?

_____ YES (Must complete the information below) _____ NO

Total number of hours needed _____ Deadline for completion _____

Please note: You are required to notify the Library if a statement indicating hours worked must be sent to a third party. Statements are only generated on weekdays and the Library requires a forty-eight (48) hour notice. Please contact Marianne Lenox, Volunteer and Training Coordinator at 532-2352 to request a timesheet.

4. Library Branch Preference (Please rank your top 3 volunteer location preferences numerically below—#1 being where you would most prefer to be placed, #2 being your second choice, and #3 being your third choice; we will do our best to place you in your #1 preferred branch.)

_____ Bailey Cove	_____ Main Library
_____ Bessie K. Russell	_____ Monrovia Public Library
_____ Eleanor E. Murphy	_____ Oscar Mason
_____ Elizabeth Carpenter	_____ Showers Center Library
_____ Gurley Public Library	_____ Tillman D. Hill (Hazel Green)
_____ Madison Public Library	_____ Triana Library

5. Please describe any work/volunteer experience and special skills your group has: _____

6. Indicate the types of tasks/duties you would like to do as a library volunteer:

_____ Call patrons about available holds	_____ Maintain book displays
_____ Clerical Help	_____ Making copies
_____ Collection Inspector (shelf reading)	_____ On-Shelf Holds Wrangler
_____ Concierge (greeter)	_____ Organize storage areas
_____ Craft aide	_____ Program Set-up
_____ Displays and bulletin boards	_____ Putting labels / stickers on books
_____ Dust shelving	_____ Refreshments for library events
_____ Foreign language translator	_____ Shelf Reading (Adopt-A-Shelf)
_____ Gardening	_____ Story Time Aide
_____ Homework helper	_____ Summer Reading Club helper
_____ Library tours	_____ Teen group helper
_____ Local Obituary Indexer	_____ Telephoning patrons

7. Why would you like to volunteer at the Huntsville-Madison County Public Library? _____

8. How many people are in your group? _____

9. Please list your group volunteers:

NAME: _____ EMAIL: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT: _____ PHONE: _____

NAME: _____ EMAIL: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT: _____ PHONE: _____

Library Use Only:

Date received: _____ Date screened: _____

Location assigned: _____ Task assigned: _____

Comments: _____

Group volunteers:

NAME:_____EMAIL:_____PHONE:_____

ADDRESS:_____CITY:_____STATE:_____ZIP:_____

EMERGENCY CONTACT:_____PHONE:_____

ADDRESS: _____CITY:_____STATE:_____ZIP:_____

NAME:_____EMAIL:_____PHONE:_____

ADDRESS:_____CITY:_____STATE:_____ZIP:_____

EMERGENCY CONTACT:_____PHONE:_____

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NAME:_____EMAIL:_____PHONE:_____

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EMERGENCY CONTACT:_____PHONE:_____

ADDRESS: _____CITY:_____STATE:_____ZIP:_____

NAME:_____EMAIL:_____PHONE:_____

ADDRESS:_____CITY:_____STATE:_____ZIP:_____

EMERGENCY CONTACT:_____PHONE:_____