

INDIVIDUAL VOLUNTEER APPLICATION

Please return your completed volunteer application to the following address: Huntsville-Madison County Public Library Attn: Michelle Labde, 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, Michelle Labde at (256) 532-2352.

Application Date:							
First Name:			Last N	ame:			
Address:		City:		State:	Zip:		
Phone Number: ()		E-mail	Address:				
Employer/School Nam	e:			Gra	de Level Com	pleted:	
1. What hours are you	u available? (P	lease be as spe	cific as possible)				
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
2. Are your volunteer	hours require	ed for a class o	r school?	_YES	NO		
If YES, total l	hours needed	De	adline for compl	etion			
3. Are your volunteer	hours a requi	rement to fulf	ill a court-order	ed community	service requi	irement?	
YI	ES (Must comp	lete the information	ation below)	NO			
Please note: Y Statements are	You are require e only generate	d to notify the l d on weekdays		ment indicating	-eight (48) hou	must be sent to a ur notice. Please	a third party. contact Michelle
4. Library Branch Pr would most prefer to be your #1 preferred bran	e placed, #2 be						
y	_	Bailey Co	ove	Mai	in Library		
	_	Bessie K.	Russell	Mo	nrovia Public I	Library	
	_	Eleanor H	E. Murphy	Osc	ar Mason		
	_	Elizabeth	Carpenter	Sho	wers Center L	ibrary	
	_	Gurley Pu	ublic Library	Till	man D. Hill (H	Hazel Green)	
	_	Madison	Public Library	Tria	ına Library		

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

	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 event			
	Foreign language translator	Shellf Reading (Adopt-A-Shel			
	Gardening	Story Time Aide			
	Homework helper	Summer Reading Club helper			
		Teen group helper			
	Local Obituary Indexer	Telephoning patrons			
Parsonal D	sferences (not a relative and must be 18 or of	der)			
	eferences (not a relative and must be 18 or ol Phone				
Name	eferences (not a relative and must be 18 or ol Phone Phone	Relationship			
Name Name	Phone	Relationship			
Name Name	Phone Phone Phone e any physical or medical conditions (allergic	Relationship Relationship es, etc.) of which we should be aware?			
Name Name 9. Do you have If YES, please	Phone Phone e any physical or medical conditions (allergic	Relationship Relationship es, etc.) of which we should be aware?			
Name 9. Do you have If YES, please 10. In case of a	Phone	Relationship Relationship es, etc.) of which we should be aware?			
Name 9. Do you have If YES, please 10. In case of a (Print Name)	Phone	Relationship Relationship es, etc.) of which we should be aware? (Relationship to volunteer)			
Name Name 9. Do you have If YES, please 10. In case of a (Print Name) 11. Parent or e	Phone Phone e any physical or medical conditions (allergic explain an emergency, please contact: (Phone Number)	Relationship Relationship es, etc.) of which we should be aware? (Relationship to volunteer) s a minor)			
Name Name 9. Do you have If YES, please 10. In case of a (Print Name) 11. Parent or e	PhonePhonePhonePhonePhonePhonePhonePhonePhone (allergic explain	Relationship Relationship es, etc.) of which we should be aware? (Relationship to volunteer) s a minor)			
Name Name 9. Do you have If YES, please 10. In case of a (Print Name) 11. Parent or (Print Name) <i>Library Use O</i>	Phone	Relationship Relationship es, etc.) of which we should be aware? (Relationship to volunteer) s a minor)			
Name Name 9. Do you have If YES, please 10. In case of a (Print Name) 11. Parent or of (Print Name) <i>Library Use O</i> Date received	PhonePhonePhonePhonePhonePhonePhonePhonePhone conditions (allergid explainRease contact: an emergency, please contact: (Phone Number) Guardian name and signature (if applicant is (Phone Number)) nly: Date screee	Relationship Relationship es, etc.) of which we should be aware? (Relationship to volunteer) s a minor) (Signature)			