



# Rockville Public Library

*Enrich. Enlighten. Inform.*

## ROCKVILLE PUBLIC LIBRARY VOLUNTEER APPLICATION FORM

### CONTACT INFORMATION:

Applicant name: \_\_\_\_\_

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

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you familiar with Rockville Public Library? If so, how?

\_\_\_\_\_

What days/times are you available to volunteer? (Circle all that apply)

Sun. Mon. Tues. Wed. Thurs. Fri. Weekend

Indicate the time(s) of the day you are available to volunteer:

\_\_\_\_\_

What area of the library would you prefer?

Adult Dept. \_\_\_\_\_ Teen Dept. \_\_\_\_\_ Children's Dept. \_\_\_\_\_ Marketing \_\_\_\_\_

No Preference \_\_\_\_\_

What type of volunteer services you would like to provide?

\_\_\_\_\_

\_\_\_\_\_

Have you ever worked as a volunteer before? If so, what type of work did you do?

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What hobbies, skills, or special interests do you have that may be relevant?

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Are there any restrictions (i.e., heavy lifting)?

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**References (Please list 3):**

Name	Address	Phone Number

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_