



Volunteer Application

455 Ninth Street,
Huntington, WV 25701
Phone: (304) 528-5700
Fax: (304) 528-5701

(email completed application to amanda.ross@cabellcountylib.org)

Volunteers are an important resource throughout the Western Counties Regional Library System. The contributions made by those who volunteer increase the quality and breadth of library service for everyone in the community.

Today's Date: _____

Name: _____ Telephone: _____

Address: _____ Email: _____

City/State/Zip: _____

Are you 18 years of older? _____

- I am a: College Student
 Adult
 Senior (65+)

I am seeking this volunteer position:

- to satisfy educational/scholarship requirement
 to become a regular volunteer
 other: _____

If applicable, I need to complete my library service by: _____ (Date)

If applicable, I need to complete _____ hours of volunteer service

- Preferred library branch for volunteer service: Main (Downtown)
 Barboursville
 Cox Landing
 Gallaher
 Guyandotte
 Milton
 Salt Rock
 West

Skills, abilities, or interests that are applicable to you: (Check all that apply)

- Shelving Items Book Processing Clerical Tasks Cleaning Materials
 Checking Shelved Items Previous Library Work Computer Skills Arts and Crafts
 Genealogy & Local History Digitization Blind and Handicapped Services
 Homework Help Other _____

Availability:

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| to | to | to | to | to | to | to |

I will be able to volunteer starting: _____ (Date)

EMPLOYMENT

Are you currently employed? _____

List most recent employers with dates and duties:

VOLUNTEER EXPERIENCE

Have you volunteered before? _____ Have you volunteered at a library? _____

List most recent volunteer experiences including dates and duties:

REFERENCES

List at least one employer, supervisor, or teacher we may contact as a reference:

Name: _____

Title: _____

Company/School: _____ Telephone: _____

Emergency Contact Information:

Emergency Contact (Name): _____ Relationship: _____

Address: _____

Phone: _____ Secondary: _____

All information on this volunteer application is accurate, to the best of my knowledge. If I become a volunteer, I agree to abide by all the rules and regulations of the Western Counties Regional library system.

Signature

Date

Volunteering in your local library is a positive and satisfying experience. Our Volunteer Coordinator can help match your talents with our needs. Return this form to any library or call the Main Library at (304) 528-5700 and ask to speak to our Volunteer Coordinator for more information.

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| <p>OFFICE USE ONLY: Referred to: _____</p> <p>Placement: _____ Supervisor: _____</p> <p>Start Date: _____ End Date: _____</p> |
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