



Youth 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: _____

Date of Birth _____

Guardian Name: _____

Guardian Phone: _____

I am a:

- High School Student
- Middle School Student

I am seeking this volunteer position:

- to satisfy school or club 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
- Program Aid (story time etc.)
- Program Prep (crafts, pick out books, etc.)
- Cleaning
- Computer Help
- 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:

REFERENCE

List at least one personal reference (employer or teacher preferred) 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 (Child)

Date

Signature (Parent/Guardian)

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.

OFFICE USE ONLY: Referred to: _____
Placement: _____ Supervisor: _____
Start Date: _____ End Date: _____