



CABELL COUNTY
PUBLIC LIBRARY

YOUTH VOLUNTEER APPLICATION

Ph: 304-528-5700

Fax: 304-528-5866

Email: amanda.ross@cabellcountylib.org

Today's Date: _____

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

Email: _____

Date of Birth _____ Guardian Name: _____

Guardian Phone: _____

I am a:

High School Student

Middle School Student

Other: _____

I am seeking this volunteer position:

to satisfy school or club requirement

to become a regular volunteer

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 Huntington

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
to	to	to	to	to	to

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

EMPLOYMENT

Are you currently employed? Yes No

List most recent employers with dates and duties:

VOLUNTEER EXPERIENCE

Have you volunteered before? Yes No

Have you volunteered at a library? Yes No

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: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact (Name): _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

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: _____