

# Houston County Public Library System

## Volunteer Application

### Contact Information

Name	
Street Address	
City, St, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Are you 16 years of age or older?	Yes. <input type="checkbox"/> No. <input type="checkbox"/>

### Availability

During which hours are you available for volunteer assignments?

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

### Branch Preference

Centerville Branch Library    Perry Branch Library    Nola Brantley Memorial Library

### Special Skills or Qualification

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

**Previous Volunteer Experience**

Summarize your previous volunteer experience

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**Person to Notify in Case of Emergency**

Name	
Street Address	
City, St, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**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.

Name (printed)	
Signature	
Date	