

Pine River Library Volunteer Application

Today's Date:	
Personal Information:	
Name:	-
Address:	
Contact Number:	
Email:	
Your age group: Adult (18 and older) Teen/Young Adult (15-17)
Emergency Contact Information	
Name:	
Contact Number:	
Availability	
Please circle the times you are available: Mornings Afternoons	Evenings
Please circle the days you are available: Mon. Tue. Wed. Thr.	Fri. Sat. Sun.
Please indicate how many hours per day you are interested in:	
1 hour2 hours3 hoursOther:	
Are you available to work a fairly regular schedule? Yes N	0
Please let us know anything else about your schedule that might be	important for us to know:

Skills & Experience Please tell us a little about your skills, work & volunteer experiences, abilities, hobbies and special interests (especially those that relate to volunteering at the library!).
Volunteer Positions Please check the volunteer position(s) below that interest you:
Shelving Volunteer (shelves library materials, straightens shelves in collection)
Program Volunteer: Children, Teen and/or Adult (assist with room setup, hosting events, clean up)
Technical Processing Volunteer (covers, labels books & other materials)
Repair Volunteer (helps repair damaged books)
Book Sale Volunteer (helps sort , evaluate & sell donated books)
Other: Please explain:
Volunteer Agreement:
*Please note: The library runs background checks on all volunteers who will be working directly with children. Do we have permissions to run a background check?YesNo
Volunteer Agreement: My signature authorizes the Lavenia McCoy Public Library to verify information on this application and check my references. Signature:
If you are under age 18, please have your parent or guardian sign this form. Parent/Guardian:Phone: Signature:

Pine River Library Attn: Volunteer Director 395 Bayfield Center Dr. P .O. Box 227 Bayfield, CO 81122

Thank you for your interest in volunteering at the library. Please return this form to: