

Kearney Public Library - Volunteer Application

Name _____ Phone: _____ E-mail: _____

Address _____
Street Address City State Zip Code

Parent/Guardian*: _____ Phone: _____

*If applicant is under 18 years of age.

How often would you like to volunteer? (Check one.) daily weekly monthly

Do you have a specific amount of hours you need to complete? If so, how many hours of service would you like to complete at the library? _____

Are these hours needed as a school or class requirement? _____

By what date are you required to complete the hours? _____

Are these hours Court-Ordered or for a Diversion Plan? Yes* No

***The Library is not able to accept court-ordered / diversion volunteers.**

What would you be willing to help with?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Shelf-Reading
Organize shelves
Keep things in order | <input type="checkbox"/> Housekeeping
Dusting
Clean toys, books | <input type="checkbox"/> Office Work
Folding brochures
Prep work for programs
Refill supplies | <input type="checkbox"/> Any/All areas |
|--|---|--|--|

Are you physically able to bend, stretch, lift and push carts that are part of the library experience? (Approx. 10-20 lbs.) Yes No

Please list the times you are available to volunteer:

(Library Hours are Mon.-Thurs. 9am-9pm, Fri. & Sat. 9-5., Sun. 1-5)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you familiar with the arrangement of the library and the Dewey Decimal System? Yes No

Please read the paragraph below and indicate whether you understand and agree to the following terms:

I understand that Kearney Public Library reserves the right to accept or decline volunteers based on our ability to train and supervise volunteers who may apply at any given time. Volunteers may be dismissed for conduct which is contrary to Kearney Public Library policy. Volunteers must also agree to undergo a background check.

By signing below, I agree to these terms:

X _____ Date _____
Signature of Volunteer Applicant