

Washington County Libraries

Volunteer Application

Name _____

Address _____

Home Phone _____ Cell or Other Phone _____

Email address _____

Special Skills _____

Areas of Interest _____

Times and Days Available	Mon	Tue	Wed	Thu	Fri	Sat
	_____	_____	_____	_____	_____	_____

Number of hours a week you would like to volunteer _____

Signature _____ Date _____

Emergency contact _____ Phone _____

I understand that my teen is participating the library's Volunteer Program. He/she has my permission to do so. I understand that the work will be performed on the premises of either the Jonesborough or Gray Library and that, should activities outside the building and grounds be involved, my additional approval will be sought.

Parent or Guardian Name (please print) _____

Parent or Guardian Signature _____ Date _____