

Hillsboro City Library Volunteer Application

118 South Waco Street, Hillsboro, Texas 76645

Phone: (254) 582-7385

Fax: (254) 582 7765

E-Mail: hillsborolibrary@hillsborotx.org

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Phone: () _____ Cell Home

Email: _____

Emergency Contacts:

Name: _____

Relationship: _____ Phone: () _____

Name: _____

Relationship: _____ Phone: () _____

Are you 16 years of age or older? Yes No

Have you volunteered at the library recently? Yes No If yes, when? _____

Will your volunteer hours be used to meet a school program requirement? Yes No

If yes, please explain: _____

Will your volunteer hours be used to meet a court mandated community service requirement? Yes No

If yes, please explain: _____

Do you require a certain number of hours? Yes No If yes, How many? _____

Do you have any medical conditions or special restrictions your supervisor should be aware of? (Ex: No Heavy lifting or standing for long periods)

Have you ever been convicted of a felony or other crime? Yes No

If yes, please explain below. (You may omit offences for minor traffic violations.)

Volunteer Areas of Interest:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Computer Assistance | <input type="checkbox"/> Book Mending |
| <input type="checkbox"/> Shelving | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Shelf Reading | <input type="checkbox"/> Children's Programs/Events | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Adult Programs/Events | <input type="checkbox"/> Library Garden / Flower Beds | _____ |

Availability: Please Provide Hours and Dates.

Monday _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Acknowledgment and Signature:

The statements made by me in this application are true and complete to the best of my knowledge, and I understand it is subject to verification by the City of Hillsboro. I understand that any false information, omissions of facts or misrepresentations may disqualify me from volunteer work with the City of Hillsboro or immediate release from volunteer work. In the event that I am placed as a volunteer with the City of Hillsboro, I understand that I will not be paid for my services and expect no compensation for my time. I understand that I will be required to comply with all of the City's rules, policies, and regulations. I fully understand that if my services are no longer needed, or my performance is not acceptable, for any reason, the City of Hillsboro has the right to terminate my services as a volunteer at any time, with or without notice.

Signature:

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Parent/Guardian Signature (If under 16): _____ Date: _____

Parent or Guardian Printed Name: _____