



**WATAUGA PUBLIC LIBRARY
VOLUNTEER APPLICATION**

Name _____ Date _____

Address _____ Social Security # _____

_____ Birthdate _____

Telephone (Hm) _____ (Wk) _____

E-mail _____

Present Situation _____ Employed _____ Retired
_____ Student _____ Unemployed
_____ Other _____

Present / Previous Employer _____

Occupation _____ Hours Available _____
Hours Days

Education (check highest level):

Not a high school graduate _____

High school graduate _____

Some college _____

College graduate _____ Degree subject field: _____

Masters degree _____ Degree subject field: _____

Other _____ Specify _____

Age _____
16 - 18 19 - 24 25 - 39 40 - 60 60 +

Person to contact in case of emergency:

Name _____

Address _____

City _____ Zip _____

Phone # _____

Relationship _____

Signature required on back of this page

Special interests, skills, or training _____

Physical limitations that would affect the tasks you are assigned

Volunteer experience _____

Interests, hobbies, skills _____

What interests you most in becoming a library volunteer? _____

Other information or comments _____

In consideration of the City of Watauga allowing me to participate as a volunteer in the Library, I do hereby agree to release, discharge and relinquish the City of Watauga, its officials, employees, agents, and volunteers from any and all claims, demands, and causes of action of every kind and character, INCLUDING THOSE BASED ON NEGLIGENCE, for any known or unknown, foreseen or unforeseen bodily or personal injuries, damage to property, or theft or loss of property, arising from my participation in the Library.

I realize that in my capacity as a City of Watauga volunteer, I may come in contact with confidential information. I do hereby agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my services as a volunteer.

NOTICE: The City of Watauga performs a criminal background check for all volunteer applicants over the age of 18.

Signature