



Braswell Memorial Library

Volunteer Application

Date: _____

Position Sought: _____

Name _____

Address _____ City _____ Zip _____

Phone (h) _____ Phone (w) _____ Email _____

Parent/Guardian Signature (if under 18) _____

Print Parent/Guardian Name _____

Employment Status: Employed Retired Unemployed Student

Current Employer: _____ Position: _____ Supervisor: _____

List any physical limitations you have that we should consider when matching you with a volunteer job:

List any special skills or interests that you have:

List any previous volunteer experience and/or community service affiliations:

Why do you want to volunteer at the library? _____

Reference Name: _____ Relationship: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____

Reference Name: _____ Relationship: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____

What days and times are you available? _____

When can you start? _____

In case of emergency, notify: _____ Phone: _____

Have you ever been convicted of any offense against the law? If yes, please explain the nature of the conviction and the final disposition of the case: _____

All applicants 18 years old and older being considered for a volunteer position must undergo a criminal background check.

I have read, understand, and agree to the BML Volunteer Policy Statement and the BML Volunteer Agreement.

Signature: _____