

George Hail Free Library

Volunteer Application Form

Thank you for your interest in volunteering with the library! Please complete this form to apply.

Personal Information

Field	Response
Name	≗ Person
Phone Number	
Email Address	
Address	9 Place

Availability

Please indicate your general availability for volunteering.

Day	Available (Yes/No)	Preferred Times
Monday		
Tuesday		

Day	Available (Yes/No)	Preferred Times	
Wednesday			
Thursday			
Friday			
Saturday			
How many	hours per week are you ideally able to com	nmit?	
Interest	s and Skills		
1. Why	are you interested in volunteering at the li	brary?	
2. Doy	ou have any prior volunteer experience? If	yes, please briefly describe it.	
	 3. Please check any areas where you have interest or experience: Shelving and organizing books Program and event assistance (e.g., setting up, greeting attendees) Technical assistance (e.g., basic computer help) Historical Collection Children's programs Special projects Other (Please specify) 		
Referer	ces		
Please pro	vide the names and contact information for	two references.	
Reference	e 1		
Field	Respon	se	
Name	≗ Pers	on	

Field	Response
Relationship	
Phone Number	
Reference 2	
Field	Response

≗ Person

Phone Number

Relationship

Name

Signature

I certify that the information provided in this application is true and complete.

Applicant Signature:

Date: ☐ Date

Please bring this completed application form to the library and drop it off at the circulation desk or email it to info@georgehail.org with Volunteer Application in the subject line. We will contact you to discuss your application and potential volunteer opportunities.