

Volunteer Application



ABINGDON • DAMASCUS • GLADE SPRING • HAYTERS GAP • MENDOTA

Contact Information - How can we get in touch with you?

Name	
Street Address	
City, ST, ZIP code	
Home Phone	
Cell Phone	
Email Address	

Availability and Location

During which hours are you available for volunteer assignments? and at what branch location?

- | | | |
|---|---|--|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings | <input type="checkbox"/> Main (Abingdon) |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons | <input type="checkbox"/> Damascus <input type="checkbox"/> Hayters Gap |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings | <input type="checkbox"/> Glade Spring <input type="checkbox"/> Mendota |

Interests

Tell us what areas interest you when volunteering.

- | | |
|---|--|
| <input type="checkbox"/> Shelving materials | <input type="checkbox"/> Assist with children's programs – craft preparation |
| <input type="checkbox"/> Shelf reading | <input type="checkbox"/> Clerical assistance (typing and/or handwriting) |
| <input type="checkbox"/> Landscape assistance | <input type="checkbox"/> Data entry |
| <input type="checkbox"/> Archival assistance | |
| <input type="checkbox"/> Cleaning books and CDs/DVDs | |
| <input type="checkbox"/> Assist with promotional activities, special projects | |
| <input type="checkbox"/> Assist with adult programs | |
| <input type="checkbox"/> Fund raising projects | |
| <input type="checkbox"/> Baking cookies for programs | |

Special Skills or Qualifications

Do you have special skills or qualifications from previous employment, volunteer work, or other activities? (Include hobbies or sports) Tell us about them here.

Previous Volunteer Experience

Tell us about any volunteer experience you may have had.

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Please do not fill in the information below:

Person to Notify in Case of Emergency

Name and relationship	
Street Address	
City ST ZIP code	
Home Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (please print)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.