



BRISTOL PUBLIC LIBRARY

701 Goode Street

Bristol, Virginia 24201

Volunteer Application Form

Name _____ Date of Birth (under 18) ___/___/___ Date _____
Please Print

Address _____
Street City Zip

Email _____ Telephone _____

Emergency Contact _____ Telephone _____

Why do you want to be a Library Volunteer? _____

Check one: Reference ___ Children's ___ JCC ___ Circulation ___ Teens ___

Do you have any physical limitations? _____
(Library work requires substantial physical exercise)

Do you have a library card? _____

Please indicate day and time preference (Volunteers may work between 9 A.M. to 5 P.M. Mon.-Sat.)

Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___

As a volunteer of the Bristol Public Library, I agree

- **To accept the supervision of the staff member assigned to me**
- **To wear the identification provided to me showing my volunteer status**
- **To record time worked on the time sheet provided**
- **To maintain confidentiality of all information regarding use of the library by an individual, understanding this to be required by Library policy and State law**
- **To dress appropriately and act courteously to patrons and employees**
- **To report on time as scheduled and report to the staff member assigned to me, to notify my department ahead of time if I am not able to work, and to give notice if I am no longer going to volunteer for the library**
- **To grant full permission to the Bristol Public Library to use my name and any photographs for any promotion/publicity purposes or for volunteer recognition**

I understand that I will receive no compensation or benefits for the work provided, including worker's compensation insurance.

I understand and agree that a background check and interview are required before placement in any sensitive volunteer position.

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please give a short explanation outlining the circumstances of your conviction indicating date, nature and place of offense and disposition.

Please give two References (Names and phone numbers)

The Library reserves the right to terminate this agreement at any time.

Parental consent (if under 18): I grant permission for _____ to work as a volunteer for the Bristol Public Library. (Child's name)

Parent/Guardian name, address, phone number

Please Print

Parent Signature

By your signature, you are committing to _____ hours per month for _____ months.

Volunteer Signature _____