

Austin County Library System

West End Library Phone: 979-357-4434

VOLUNTEER APPLICATION

PERSONAL INFORMATION

| Name: | | |
|---|--|--|
| Address: | | |
| Phone Number: | | |
| Email: | | |
| You must be at least 12 years of age parent/guardian complete the conse | to volunteer. Volunteers under age 18 years nt section of this application. | ars of age must have a |
| Are you 18 years old? Are you a student? | Yes Yes | No No |
| Emergency Contact Name: | | |
| Phone Number: | | |
| Relationship to Volunteer: | | |
| | oled guilty to or pled no contest to or rece ences for or paid any fee or fine for any co No | |
| Your signature indicates that you und Public Library. | derstand that there is no compensation fo | or volunteer services at West End |
| Volunteer Applicant Signature | | Date |
| Parent/Guardian Consent (for volunte | ers under age 18) | |
| I give permission for the above applic number is | cant to volunteer at West End Public Libra | ary. If you need to reach me, my phone |
| Parent/Guardian Signature | | Date |