



VOLUNTEER

APPLICATION

NAME

First Name

Last Name

ADDRESS

Street Address

Phone Number

If Student: Age/Grade

School

AREAS OF INTEREST

Summer Reading Program

Other Programs (Book Clubs, Book Sale, Presentations, etc.)

General Library Tasks

Other (Please List) _____

CONSENT FOR VOLUNTEERS UNDER 18

First Name of Parent or
Guardian

Last Name of Parent or
Guardian

Signature of Parent or Guardian

Date

THANK YOU FOR YOUR INTEREST!

I authorize the Oostburg Public Library, its officers, agents, and employees to conduct a driver's license and/or criminal background check prior to making a decision regarding my volunteer status. I release and hold harmless Oostburg Public Library, its officers, agents, employees, and person(s) providing the information from any liability related to the performance of result of this check. I realize I may also have to provide additional information as may be requested.