Gonzales Public Library Volunteer Application

Thank you for inquiring about volunteer work at the library. The information below will help up match your interests with the appropriate volunteer position. We ask that all volunteers be at least **13 years of age** or older.

Name:_____ Birthdate:_____

Address:_____ Phone number:_____

Do you have basic computer skills? ___Yes ___No

Why do you want to volunteer at the library? _____

_____

What day(s) and time(s) are you available?

Mon [11-2] [2-5] [5-7] **Tues** [9-12] [12-3] [3-5] **Wed** [9-12] [12-3] [3-5]

Thurs [9-12] [12-3] [3-5] **Fri** [9-12] [12-3] [3-5] **Sat** [9-12]

Please sign below once you have read and filled out all necessary information.

I hereby acknowledge that I will not be receiving payment for my services and that my status as a volunteer at the Gonzales Public Library can be terminated at any time.

Library records relating to an individual patron's use of the library and its resources are confidential. These records may be consulted and used only by library staff (including student volunteers) in the course of carrying out library operations, and will not be disclosed to others. By law, Library records, which contain the names or other personally identifying details regarding the users of libraries, are confidential and shall not be disclosed.

I have read the above policy and understand the importance of information of privacy.

Signature:_____ Date:_____

If volunteer is under 18 years of age, please have a parent or guardian sign below.

Parent Signature: _____ Date:_____

Emergency Contact Information

Name: _____

Phone: _____