

Please sign below when you have read and understand all statements on both pages.

I certify that the statements made in this Volunteer Application are true, correct, and given voluntarily. In addition, I understand that this information may be disclosed to any party with legal and proper interest, and I release the Metropolitan Library System from any liability for supplying such information.

I understand that the Metropolitan Library System reserves the right to screen volunteers, and the Metropolitan Library System will not accept as a volunteer anyone who would jeopardize any aspect of library service or the safety of library customers and staff.

I understand that if I am unable to show up for a scheduled time for any reason, I am to notify my library supervisor as soon as possible.

I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated by the affected library site and supervisor.

I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the library to which I am assigned. I will also not abuse any information, materials, or hardware I may use or obtain while volunteering.

I understand that by volunteering, I am not guaranteed any special consideration for any future permanent job positions with the Metropolitan Library System, should I ever apply for one.

APPLICANT'S SIGNATURE: _____ **DATE:** ____/____/____

PARENT/GUARDIAN'S NAME* (please print): _____

PARENT/GUARDIAN'S SIGNATURE*: _____ **DATE:** ____/____/____

** If applicant is 17 years or younger.*

LIBRARY USE ONLY

DATE: ____/____/____

LIBRARY SITE: _____

VOLUNTEER SUPERVISOR'S NAME: _____

COMMENTS: _____

INTERVIEW DATE: ____/____/____

TRAINING DATE: ____/____/____

STARTING DATE: ____/____/____

ENDING DATE: ____/____/____

DVS NOTIFIED ABOUT END DATE: ____/____/____