Cedar Park Public Library 550 Discovery Blvd., Cedar Park, TX 78613 Tel: 401-5600 FAX: 512-259-5236

APPLICATION FOR VOLUNTEER SERVICES

Name_____

Date_____ Do you have a Driver's License? __Y__N____

Address_____

City/State/Zip_____

Home Phone_____ Business Phone_____

Email Address_____ (Required for background check contact)

In case of emergency, contact:

Name_____ Relationship_____ Phone_____

Education (circle last year of high school completed)	8	9	10	11	12
College (circle last year of college completed)	1	2	3	4	5+

College Major_____

Special Skills/Interests_____

Job Experience_____

Volunteer Experience_____

Please provide two professional references:

Name_____ Phone_____ Years known_____

Name_____ Phone_____ Years Known_____

When can you work?

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

- **Court-ordered community service workers are not accepted.**
- **Each Volunteer is required for a background check. Volunteers approved for service will be required to a sign a "Release, Waiver of Liability, and Assumption of the Risks" Form before that person is allowed to participate as a volunteer at the Library.**

I certify that the information provided on this Application is complete and accurate to the best of my knowledge.

Signed:_____ Print: _____
(Volunteer)

Date: _____