

# Volunteer Agreement



PATTERSON  
LIBRARY

## YOUR CONTACT INFORMATION

First Name  Last Name

Address

City/State  Zipcode

Phone  Email

Preferred Pronouns  Preferred Contact Method  Phone Call  Email  Text Message

## AVAILABILITY

Please note when you could begin and any scheduling needs.

Regularly  Periodically  Single Event Only

## VOLUNTEER INTEREST

Would you be interested in any of these tasks?

- |  |   |
|--|---|
| <input type="checkbox"/> Shelf organizer               | <input type="checkbox"/> Helping Hands (Facility Maintenance) |
| <input type="checkbox"/> Children's program assistance | <input type="checkbox"/> Fundraising Events                   |
| <input type="checkbox"/> Computer coach                | <input type="checkbox"/> Archives assistance                  |
| <input type="checkbox"/> Gardening                     | <input type="checkbox"/> Others, _____                        |

Are you comfortable using a computer?  No  Yes

As you envision being a volunteer, what service do you hope to provide?  
Do you have any special interests or skills, or duties you do not wish to perform?

**Flip page to continue.**

**EMERGENCY CONTACT**

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
City/State	<input type="text"/>	Zipcode	<input type="text"/>
Phone	<input type="text"/>	Relationship	<input type="text"/>

**IN SIGNING THIS FORM,** you indicate that you have read and agree to the Patterson Library Volunteer Policy, understand that this would be an unpaid position and that submission of this application does not guarantee placement. A volunteer’s service may be ended at any time by the volunteer or the Library Director.

Applicant’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Please add any extra comments here: