

Huron Public Library Volunteer Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. We are an equal opportunity employer.

Please Print

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------|--------------------------------|
| Volunteer activity of interest: | | Date of Application | |
| How Did You Learn About Us? | | | |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Inquiry | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |
| Last Name | First | Middle | |
| Address | City | State | Zip |
| Telephone Number(s) | | Best time to contact you at home is: | |
| | | am/pm | |
| If you have a disability, what accommodations would you need to do volunteer work? | | | |
| Days available to volunteer: (Please Circle) Monday Tuesday Wednesday Thursday Friday Saturday | | | |
| Times available to volunteer: (Please Circle) Mornings Afternoons Evenings | | | |
| Is this a requirement for school? | | Yes | No |
| APPLICANT'S STATEMENT | | | |
| I certify that answers given herein are true and complete. | | | |
| I authorize investigation of all statements contained in this application for volunteering as may be necessary in arriving at a decision. | | | |
| In the event of being accepted as a volunteer, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. | | | |
| Signature of Applicant | | | Date |
| | | | |
| Signature of Parent if under the age of 18 | | | Date |
| | | | |