



# Hickory Public Library Volunteer Application

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

ID Verification/Driver's License # \_\_\_\_\_

Occupation \_\_\_\_\_

Employer/School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

If you are volunteering as part of a group volunteer program, specify the group:

\_\_\_\_\_

### List 2 non-family references:

<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>
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1. \_\_\_\_\_

2. \_\_\_\_\_

### Emergency contact:

<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>
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1. \_\_\_\_\_

### Please indicate interests:

#### Patrick Beaver Memorial Library

#### Ridgeview Library

- \_\_\_\_ Short-term volunteer work (10 hours or fewer)
- \_\_\_\_ Carolina Room Volunteer
- \_\_\_\_ Circulation Department Volunteer
- \_\_\_\_ Children's Library Assistant
- \_\_\_\_ Genealogy Volunteer
- \_\_\_\_ Public Computer Lab Assistant
- \_\_\_\_ Reference Department Volunteer
- \_\_\_\_ Shelving Volunteer
- \_\_\_\_ Summer Children's Library Assistant

- \_\_\_\_ Short-term volunteer work (10 hours or fewer)
- \_\_\_\_ Program Assistant
- \_\_\_\_ Technology Tutor

**Other areas of interest and special skills (include languages spoken):**

**Please indicate day(s) of the week and times you are available:**

Library Hours:

Monday – Thursday: 9am – 9pm

Friday – Saturday: 9am-5pm

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

**OR list specific dates and times:**

**Please read before signing:**

- Library volunteers must be at least 15 years old
- The relationship between Hickory Public Library and volunteers is an “at will” arrangement, and either the volunteer or the library may terminate the arrangement at any time without cause.
- The information I have provided may be verified, and I give my permission to Hickory Public Library to make inquiries of others concerning my suitability to act as a volunteer.
- A background check is required for all volunteers age 18 and older.

I affirm that I have read the above and that the information I have given is true and complete.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Parent/Guardian signature (for applicants younger than age 18)**

Parent Name (print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please complete and return to the front desk at either branch of Hickory Public Library. Applications may also be mailed or emailed to the addresses below.**

Hickory Public Library  
Attn: Sarah Greene  
375 3<sup>rd</sup> Street NE  
Hickory NC 28601

[sgreene@hickorync.gov](mailto:sgreene@hickorync.gov)