



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>
1. _____		
2. _____		

Emergency contact:

<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>
1. _____		

Please indicate interests:

Patrick Beaver Memorial Library

- \_\_\_ 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

Ridgeview Branch Library

- \_\_\_ 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						

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 bring this form to the next quarterly volunteer training session.

Training sessions are generally scheduled for the first Saturday in August, November, **February and May. Check the library’s online calendar for exact dates.**

For more information, contact:  
Sarah Greene, Library Director  
828-261-2275  
[sgreene@hickorync.gov](mailto:sgreene@hickorync.gov)