

**ALPINE PUBLIC LIBRARY  
VOLUNTEER APPLICATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Emergency Contact \_\_\_\_\_

Work Experience: \_\_\_\_\_  
Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Indicate Your Area(s) of Interest:

- |  |  |
|--|--|
| <input type="checkbox"/> Building Maintenance      | <input type="checkbox"/> Digital Photography |
| <input type="checkbox"/> General Programs          | <input type="checkbox"/> Writing / editing   |
| <input type="checkbox"/> Circulation Desk Services | <input type="checkbox"/> Re-reads Bookstore  |
| <input type="checkbox"/> English Tutoring          | <input type="checkbox"/> Shelving            |
| <input type="checkbox"/> Computer maintenance      | <input type="checkbox"/> Shelf Reading       |
| <input type="checkbox"/> Children's Services       | <input type="checkbox"/> Yard & Lawn Care    |
| <input type="checkbox"/> Data entry                | <input type="checkbox"/> Outreach            |
| <input type="checkbox"/> Homework Help             | <input type="checkbox"/> Light Housekeeping  |
| <input type="checkbox"/> Other _____               |  |

When are you available?

Monday:       Morning     Afternoon  
Tuesday:      Morning     Afternoon  
Wednesday:    Morning     Afternoon  
Thursday:     Morning     Afternoon  
Friday:        Morning     Afternoon  
Saturday:     Morning     Afternoon

Have you ever been convicted of a crime? (circle one)    Yes    No

**Volunteer Agreement**

**PLEASE READ CAREFULLY BEFORE SIGNING BELOW.**

I understand I am offering my services to the Alpine Public Library (APL) without compensation. I hereby release the APL of liability and indemnify the APL against any loss or damages ensuing while I am on library premises or on library business. I agree to abide by the policies and procedures of the APL. I also understand a background check may be conducted by the APL. All information obtained through such a check will be considered confidential and used strictly in determining eligibility for the volunteer program. I further understand that if the results of my background check are unacceptable to the APL, I will not be eligible to serve as a Volunteer. I verify that all information given on this form is true and that I am over 18 years of age.

Signature: \_\_\_\_\_ Date \_\_\_\_\_ SSN: \_\_\_\_\_

Please return completed form to: Alpine Public Library 805 W. Avenue E, Alpine, TX 79830