



Volunteer Application

Name:	
Age (if under 16):	
Name of responsible adult (if under 16):	
Address:	
Phone:	
Email:	Check regularly? Yes / No
Best times to reach you:	
Times most available to volunteer:	
Times NOT available to volunteer:	
Are you earning community service hours to meet a school or other requirement?	
Organization:	
# Hours Needed:	
Deadline for completion:	
Special Requirements:	

I will volunteer my services at the St. Mary's County Library beginning _____.

I understand that volunteering requires a time commitment, and I will work the agreed hours as scheduled. If I must miss my scheduled volunteer times, I will call to cancel or reschedule.

I understand that this volunteer assignment is not to be considered employment by the library, that no wages will be paid, and that the library is not to be held responsible in the case of any accident or injury resulting from the volunteer duties.

Signature: _____ Date: _____

Signature of Guardian (if under 16): _____ Date: _____