

**VOLUNTEER APPLICATION FORM**

Churchill County Library  
553 South Maine Street  
Fallon, NV 89406  
(775) 423-7581

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

Days and Times Available \_\_\_\_\_

Job Interest:

\_\_\_\_\_ Books/Recording Mender \_\_\_\_\_ Shelving/Shelf Reading

\_\_\_\_\_ Book/Audio Visual Processor \_\_\_\_\_ Special Event/  
Fundraising

\_\_\_\_\_ Children's Area

All jobs may not be available. Please select 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices.

Special Qualification \_\_\_\_\_

Special Work Needs (health, lifting, etc.) \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_

I understand that I am a volunteer and am not entitled to any benefits which are provided to employees of the Churchill County Library, except for Worker's Compensation if injured while performing volunteer duties.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Received \_\_\_\_\_ Starting Date \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Dept. Signature \_\_\_\_\_ Date \_\_\_\_\_