

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

_____ Book Store Volunteer _____ Children's Area

All jobs may not be available. Please select 1st, 2nd, and 3rd 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 _____