

**Round Rock Public Library System
216 East Main Street
Round Rock, TX 78664**

Phone: 512-218-7005 Fax: 512-218-7061
lib_volunteering@round-rock.tx.us

VOLUNTEER APPLICATION

(All volunteers are asked to complete at least **twenty (20)** hours of service over 3 months)

Last Name: _____ First Name _____

Address: _____

Phone #: _____ Email: _____

Birthday (opt.) Month: _____ Date: _____

Emergency contact (name): _____ (phone): _____

Any special volunteer interests? _____

Volunteer Signature: _____ **Date:** _____

Volunteer Core Responsibilities:

- Call Supervisor if you are not able to work your assigned time
(two absences without calling in advance will result in cancellation of this agreement)
- Work independently after instruction
- Dress and behave appropriately; follow all the rules of the library
- Report to your immediate supervisor before taking a break or leaving

=====Staff only below this line=====

Volunteer Coordinator approval: _____ **Date:** _____

Volunteer Center contact date (if applicable): _____

Library volunteer orientation date: _____ Orientation guide: _____

Assigned supervisor: _____ Phone: _____

Notes: _____

Job duties: _____

Work Schedule: _____

Start date: _____

Finish date: _____

Reason for leaving: _____