



COALINGA-HURON LIBRARY DISTRICT
VOLUNTEER APPLICATION/Community Service



Please Note:

Type or print in ink. Incomplete or illegible applications will not be considered.

Full Name: _____
Last First Middle

Mailing Address: _____
Street or P.O. Box # City & State Zip Code

Home Phone: _____ Alternate phone: _____

Emergency Contact: _____
Name Address Phone

Age (if under 18 or over 70) _____ Do you have a valid driver's license? ☐ Yes ☐ No

If so, license #: _____ State: _____ Exp. Date: _____

Dates & Hours Available:

From:	Time	To:	Time
Mondays	_____	Tuesdays	_____
Wednesdays	_____	Thursdays	_____
Fridays	_____	Saturdays	_____

Is this for Community Service Credits or general volunteer service? _____

Do you type? ☐ Yes ☐ No Do you have a working knowledge of Word Processing? ☐ Yes ☐ No

Briefly list any related work experience (volunteer or paid):

AGREEMENT

I hereby certify that all statements in this application are true and I agree and understand any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights of employment with the District.

Signature: _____ Date: _____

Parental Permission

I give my permission for the minor listed on this application to volunteer and receive community service hour credits with the Coalinga-Huron Library District. I understand that I am taking responsibility to ensure that the minor will follow all policies and procedures that apply to the volunteer program.

Signature: _____ Date: _____

Reviewed by: _____ Date: _____