



Bedford Public Library System Volunteer Application

Bedford Central
540-586-8911

Big Island
540-425-7000

Forest
540-425-7002

Moneta/SML
540-425-7004

Montvale
540-425-7006

Stewartsville
540-425-7008

Circle the library branch where you would like to volunteer:

Bedford

Moneta

Montvale

Forest

Stewartsville

Big Island

Date

Name

First

Middle

Last

Address

Phone

Email

Birthdate

____ / ____ / ____

(You must be at least 12 years old to volunteer)

The branches of the Bedford Public Library System have limited tasks that may be assigned to volunteers. Please note that all volunteer positions are subject to availability, all volunteers will be assigned duties and hours at the staff's discretion, and all volunteers are expected to abide by all library policies. Parents of all volunteers under 18 years of age must show consent by signing this application.

Parent Signature (if applicant is under age 18)

Applicant Signature

Emergency Contact Information

Name

First

Middle

Last

Relation to You: (Please circle one)

Spouse

Parent

Other:

Phone:

Email:

Work History

Please list the last three jobs that you have held

Company Name	Job Title	Job Duties

Are you volunteering for court mandated hours?

if yes, please indicate number of hours needed:

and by what date:

Are you volunteering to fulfill a service project or for school credit ?

if yes, please indicate number of hours needed :

and by what date:

if yes, what organization or school is sponsoring you: _____

Why do you want to volunteer at the library? _____**Do you have any previous library experience?** _____

If so, please explain _____

Typically, what days/times would you be available? _____

For Staff Use:

Circle one:

LMAM called LMW/ _____

Staff initials: _____