

Massanutten Regional Library  
**Volunteer Interest Application**

MRL does not accept court-mandated Community Service volunteers.

**Volunteer Application Information**

Please type or print clearly.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth (if under 18) \_\_\_\_\_ **You must be at least 14 to volunteer.** Volunteers under 18 must have a parent/legal guardian complete the consent section at the end of this application.

Availability (circle all that apply):     M            T            W            T            F            S

Times (indicate all available hours): \_\_\_\_\_

I am seeking this volunteer position: (check one)     \_\_\_to satisfy school/class/scholarship Community Service requirements  
   \_\_\_to become a regular library volunteer  
   \_\_\_to become a member of the Friends

Possible departments where you wish to volunteer: \_\_\_Circulation \_\_\_Youth Services \_\_\_Reference \_\_\_Technical Services

Why do you want to volunteer at Massanutten Regional Library? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_yes \_\_\_no

If yes, when and for what offense? \_\_\_\_\_

**Employment and Volunteer History**

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Was this a Volunteer position? (check one) \_\_\_Yes \_\_\_No

Have you volunteered for Massanutten Regional Library before? (check one) \_\_\_Yes \_\_\_No

**Education**

Highest Grade Completed \_\_\_\_\_ College/Graduate School \_\_\_\_\_ Degrees Completed \_\_\_\_\_

Are you currently a high school or college student? \_\_\_yes \_\_\_no (If yes, please complete the following information.)

School's Name \_\_\_\_\_

School's Phone Number \_\_\_\_\_

Current Grade/Year \_\_\_\_\_

**Skills, Interests, and Training:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

(not related) Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact Information**

Emergency contact person \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Applicant Certification**

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge. I understand that a false answer will be grounds to terminate any further consideration of my application or to dismiss me from Massanutten Regional Library's Volunteer Program once I have begun volunteering. I waive all rights I might have against a previous employer who provides references and/or records concerning my employment history. I authorize Massanutten Regional Library to contact and obtain information from all references and to verify all information provided by me on this application. I agree to abide by the policies of Massanutten Regional Library, and I understand that my failure to do so will result in my dismissal from the Volunteer Program. If I am offered a volunteer position which requires a background check, I agree to provide all personal information necessary to conduct the background check.

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

**Parent/Guardian Consent** (for volunteers under age 18)

I hereby give permission for my child to volunteer at Massanutten Regional Library. If you need to reach me, my phone number is:

Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_.

**Medical Waiver**

In the event that a parent or legal guardian of a minor volunteer cannot be reached in a medical emergency, Massanutten Regional Library is authorized to arrange for emergency medical treatment, the cost of which will be the sole responsibility of the parent or legal guardian.

**Media Consent**

I give my consent to Massanutten Regional Library to use interviews, photographs, or video of my minor child for the purposes of education, communication, and promotion of the library.

Printed Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed application to the Main Branch or mail to:  
 Volunteer Coordinator  
 Massanutten Regional Library  
 174 S. Main St.  
 Harrisonburg, VA 22801

E-mail/Call for questions:  
 540.434.4475 ext. 133  
 smullins@mrlib.org

