



Copper Valley Community Library

PO Box 173 Glennallen, AK 99588

907 822-5427

cvcla@cvinternet.net

VOLUNTEER APPLICATION

Name: _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____

Birthdate: _____

Address: _____

Why are you interested in our organization? _____

What special skills, interests, or training do you have? _____

List your employer or if you have other volunteer commitments? _____

What days are you available to volunteer? Tues Wed Thurs Fri Sat

Number of hours per week you are available to volunteer: _____

As a VOLUNTEER for the Copper Valley Community Library you would need to have been a patron for at least six months and be in good standing during those six months.

Would you be willing to submit to a criminal and/or drivers' background check if required?

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the Copper Valley Community Library volunteer program and agree to hold harmless from suit the Copper Valley Community Library, its officials and volunteers from liability for property damage and / or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library Coordinator as soon as possible. If I decide to stop volunteering, I will notify the board in writing.

Volunteer Signature

Date