



HERMISTON PUBLIC LIBRARY VOLUNTEER APPLICATION

Full Name: _____ Date: _____

Phone Number: _____ email: _____

Age (if Under 18) _____ Parent's Name(print): _____

I give permission for my son/daughter to volunteer at the library.

Signature: _____

Mailing Address : _____

Contact Person for Emergency: _____

Do you have any volunteer experience? ____ If so, tell us about it: _____

What days and times, if any in particular, do you prefer to volunteer?

Below are listed some of the places we are in need of volunteers. Please check any that might be of interest to you. If none of them are your cup of tea, don't worry! We can find something that is a fit for you.

- Reading to children
- Arts and crafts preparation
- Decorating the library
- Interlibrary Loans processing
- Elderlibraries Outreach
- Computer assistance/instruction

- Book shelf reading
- New Book preparation
- Book repair
- Reader's assistance
- Other _____



Call or email Sue, the library Volunteer Coordinator, with any questions you might have at (541) 567-2882 or sfolsom@hermiston.or.us

THANK YOU for considering becoming a volunteer!

We appreciate your interest in becoming a volunteer. We look forward to working with you! Our valued volunteers will receive certain privileges as a way of showing our appreciation. Some volunteer positions may require additional training, besides the general volunteer training session. For our safety and yours, a background check will be required.