

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Preferred day of the week for volunteering: \_\_\_\_\_

Morning or afternoon? \_\_\_\_\_

What skills & interests, volunteer or work experience do you have which may be helpful in your volunteer work at the library? \_\_\_\_\_

\_\_\_\_\_

**Often the greatest need at Kasson Public Library is for volunteers to work on a short-term or one-time project. At any time there are limited volunteer positions for weekly service.**

Following is a list of possible jobs for volunteers:

- Shelving library materials
- Reading shelves to make sure materials are in proper order
- Keeping shelves neat and orderly/dusting shelves
- Preparing crafts
- Preparing displays or bulletin boards
- Washing/sanitizing items from the children’s section
- Gardening/weeding
- Holiday decorating
- Hospitality for special events

**Parental/Guardian Volunteer Consent Form** (must be completed if applicant is under 18)

I authorize \_\_\_\_\_ (child’s first and last name) to volunteer at the Kasson Public Library. I acknowledge by my signature that I understand my child will receive no remuneration or compensation of any kind for library volunteer service.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_