

Bowman Youth Volunteer Assignment Data

Name of Volunteer _____ Age _____

E-mail _____

Address _____ Phone _____

_____ Zipcode _____

Orientation date _____ **Location** _____

Volunteer Schedule:

Day(s) _____ **Hours** _____

Beginning Date _____ Ending Date _____

Vacation Dates _____

POSITIONS:

____ Shelving Assistant ____ Program Assistant ____ Teen Advisory Board
____ Display Assistant ____ Puppeteer ____ Other

Report to Supervisor: Donna Hughes

If you must be absent, please call Donna Hughes at 540-869-9000 ext 215)

Confidential Volunteer Information

Medical Concerns _____

Name of a Contact in Case of Emergency _____

Relationship _____ Phone _____

As a volunteer you will be able to view personal information about some of our library customers. By signing your name below, you agree to keep information about individuals and their activity while in the library private and confidential.

Donna Hughes

Supervisor

Volunteer

Parent/Guardian