

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

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact you: \_\_\_\_\_

**Check the volunteer work you are interested in doing (check all that apply):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Computer work                                   | <input type="checkbox"/> Cleaning Books                | <input type="checkbox"/> Shelving Books     |
| <input type="checkbox"/> Phone   | <input type="checkbox"/> Moving Shelves                | <input type="checkbox"/> Moving Books       |
| <input type="checkbox"/> Mending Books                                   | <input type="checkbox"/> Cleaning Disks                | <input type="checkbox"/> Organizing Shelves |
| <input type="checkbox"/> General Disinfecting (chairs, tables, books)    | <input type="checkbox"/> Labeling Books                |   |
| <input type="checkbox"/> General Book Maintenance (checking for damages) | <input type="checkbox"/> Delivering Books to Homebound |   |

**Are you interested in working:**

- 
- Individually
- 
- With a partner
- 
- In a group

**Available hours:**

- 
- Morning
- 
- Afternoon
- 
- Evening
- 
- Weekends
- 
- Special Events

**How often would you like to volunteer?**

- 
- Regularly. How many hours per week? \_\_\_\_\_
- 
- 
- Periodically. How many hours per month? \_\_\_\_\_
- 
- 
- Work on a one-time or short-term project.

**Do you speak a language other than English?**

- 
- Yes (Please specify): \_\_\_\_\_
- 
- No

**Employment or volunteer history:** \_\_\_\_\_  
\_\_\_\_\_**Education or special skills:** \_\_\_\_\_  
\_\_\_\_\_**Lend a Hand.**

- 
- Adult Team
- 
- Saturday Specials
- 
- Library EMTs
- 
- Books To-Go
- 
- 
- Teen Team (age 13-18 yrs)
- 
- Junior Partners (child/parent team, age 9-12 yrs)

*To volunteer for Adult, Junior Partners, or Saturday Specials, call Paula at the Library @ 271-3192  
To volunteer for the Teen Team, call Sue Ann in the Children's Department @ 271-6816*

**Thank you for your interest in the Bentonville Public Library!**

Return application to:

Bentonville Public Library | ATTN Volunteer Coordinator | 405 S Main Street | Bentonville, AR 72712

**ADULT**

[Signature required for all adults, including Junior Partners]

I understand that I am a "Volunteer" for the Bentonville Public Library. As a volunteer, I understand that I will not be compensated (financially, or in any other manner) for my volunteer time. I further understand that I am not an employee of Bentonville Public Library or the City of Bentonville and am not entitled to any benefits that are provided to employees of the City. I further understand that should I apply for future job openings, the Library or City is under no obligation to hire me.

I understand that my volunteer service may be terminated at any time and for any reason by myself or the library administration, with or without notice. As a library volunteer, I will try and provide a minimum of 2 weeks notice to the library staff to end my volunteer service.

As a volunteer, I understand that I am under no obligation to perform duties that I feel may be outside the scope of my physical abilities or which I consider hazardous to my health or well being. The Bentonville Public Library and the City of Bentonville are not responsible for any injuries I may sustain while volunteering.

As a library volunteer, I am considered a library advocate and supporter and I agree to perform my volunteer duties in a professional and creditable manner and act in the best interests of the Bentonville Public Library.

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Adult Signature / Date

**MINOR**

[Signature required for all minors by parent/guardian, for Teen Teams and Junior Partners]

I understand that my "Minor Child" \_\_\_\_\_ is a "Volunteer" for the Bentonville Public Library. As a volunteer, I understand that they will not be compensated (financially, or in any other manner) for their volunteer time. I further understand that they are not an employee of Bentonville Public Library or the City of Bentonville and are not entitled to any benefits that are provided to employees of the City. I further understand that should they apply for future job openings, the Library or City is under no obligation to hire them.

I understand that their volunteer service may be terminated at any time and for any reason by themselves, or the library administration, with or without notice. As a library volunteer, they will try and provide a minimum of 2 weeks notice to the library staff to end their volunteer service.

As a volunteer, I understand that they are under no obligation to perform duties that they feel may be outside the scope of their physical abilities or which they consider hazardous to their health or well being. The Bentonville Public Library and the City of Bentonville are not responsible for any injuries they may sustain while volunteering.

As a library volunteer, they are considered a library advocate and supporter and they agree to perform their volunteer duties in a professional and creditable manner and act in the best interests of the Bentonville Public Library.

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Minor Signature / Date

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Parent or Guardian Signature / Date