



# Volunteer Application

**Ages 13-17**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you volunteered at the library before?  Yes  No

Do you have any particular skills and/or hobbies that might be useful at the library? E.g. prior library experience, arts & crafts, childcare, computer literacy, genealogy research, etc. Please also share any extracurricular activities you may be a part of, like sports or clubs.

---

---

---

Please share any reasonable accommodations you may need while volunteering for the library.

---

---

**Please return completed form to the Rowan County Public Library or mail to:**  
**Rowan County Public Library**  
**175 Beacon Hill Rd**  
**Morehead, KY 40351**



# Volunteer Application

**Ages 13-17**

Why do you want to work with the library? We love to know what interests our volunteers!

---

---

Please indicate the day(s) and time(s) during which you can commit to volunteer.

- Mon  Tue  Wed  Thu  Fri  Sat  Sun
- 9-11am  12-2pm  3-5pm  6-8pm

### Release of Liability

By signing this form, I affirm my understanding that the Rowan County Public Library (“the Library”) does not provide worker’s compensation, medical coverage, or liability of any kind for volunteers. I further affirm that I have medical coverage and/or that I release the Library and its officers, agents, and employees from liability related to any injuries, physical or otherwise, that may occur while on Library premises or in Library facilities and/or vehicles.

Volunteer  
Signature: \_\_\_\_\_

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

Guardian  
Signature: \_\_\_\_\_

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

**Please return completed form to the Rowan County Public Library or mail to:**  
**Rowan County Public Library**  
**175 Beacon Hill Rd**  
**Morehead, KY 40351**