



**Rowan County Public
Library**
175 Beacon Hill Drive
Morehead, KY 40351
Phone 784-7137

VOLUNTEER APPLICATION
(AGE 18 AND OLDER)

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Email address _____ Phone number _____

Emergency Contact _____ Phone _____

References: Please list two (2) adults not related to you that we could talk to about your abilities and experience.

Name _____ Phone _____

Name _____ Phone _____

Have you volunteered at the library before? Yes ____ No ____

Do you have any special skills or hobbies that might be useful at the library? (previous library experience, arts/crafts, working with children, computer skills, genealogy research, other)

Why do you want to work at the library? _____

Please circle the days of the week and hours you can commit to volunteering:

M T W Th F Sat Sun 9 am-11am 12noon- 2pm 3 pm-6 pm 6pm-8pm

Release of Liability

I understand that the library does not provide workman's compensation, medical coverage, or liability for volunteers, I will not hold the library staff or board members responsibility for any physical or mental injury that may incur while on library property. I have medical coverage.

Volunteer signature _____ Date _____

Please return this form to the Rowan County Public Library or mail to: Steven Oney, Volunteer Coordinator, RCPL, 175 Beacon Hill Drive, Morehead, KY 40351.