

WASHINGTON COUNTY FREE LIBRARY

Volunteer Application

Date: _____

Personal Contact Information:

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Emergency Contact Information:

Name: _____

Relationship to Volunteer: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Education:

Work Experience/Employment (Current employer or previously retired from, if applicable):*

Does your employer have an Employee Volunteer Incentive Program? Yes ___ No ___

Special training, skills, hobbies, equipment you can operate:*

Schedule and location you are available to volunteer:

The Washington County Free Library participates in the State of Maryland Criminal Background Investigation Check program and uses it as the last step in the appointment procedure.

Signature of Volunteer Applicant

*Use back of form if you need more space.

Return completed application to administration at the Central office on 100 S Potomac St, Hagerstown MD. All volunteer applications are processed through the Central location.