

Volunteer Information Form

Burnet County Library System

Herman Brown Free Library

Joann Cole Mitte Memorial Library

Marble Falls Public Library

Oakalla Public Library

Burnet County Library System Volunteer Policy requires criminal background checks for all volunteers.

Information is confidential.

Name: _____

Address: _____

Phone Number: _____ Email: _____

Your library experience, skills, interests:

Available at these times:

Mornings: M _____ T _____ W _____ TH _____ F _____

Afternoons: M _____ T _____ W _____ TH _____ F _____

Is there any type of library work you would be unable to do? Yes _____ No _____

Explain: _____

Type of Library volunteer work preferred:

_____ Check in library materielas

_____ Reshelveing/reading shelves

_____ special programd/projects

_____ bulletins boards/displays

_____ with children and youth

_____ tidying, dusting shelves

_____ where needed

_____ book repair and covering

As a volunteer of the Burnet County Library System, I will be dependable and responsible in fulfilling the duties for which I have volunteered. I will notify the library of absence in advance when possible. I will uphold the Standards of Conduct and ethics of the Burnet County Library System and fulfill them to the best of my ability.

Signature: _____ Date: _____

Background check approved yes no Date: _____