



110 W State Street  
PO BOX 665  
Sedro-Woolley, WA 98284  
360.755.3985  
[www.centralskagitlibrary.org](http://www.centralskagitlibrary.org)

## Volunteer Application

Name: \_\_\_\_\_ Birthdate (if under 18): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

Relevant allergies/Health Issues: \_\_\_\_\_

### I'm interested in the following volunteer roles:

Adopt-a-shelf (ages 10 and up): \_\_\_\_\_

Assisting staff with program set up, clean up, etc. (ages 10 and up): \_\_\_\_\_

Relabeling project (ages 18 and up): \_\_\_\_\_

Teen activities board: \_\_\_\_\_

Short-term (1 month minimum): \_\_\_\_\_ Long-term: \_\_\_\_\_

Number of hours requested per week: \_\_\_\_\_

Availability (please check all that apply):

Mondays\_\_\_ Tuesdays\_\_\_ Wednesdays\_\_\_ Thursdays\_\_\_ Fridays\_\_\_ Saturdays\_\_\_

Do you need documentation of your hours? \_\_\_ Yes \_\_\_ No

With my application to the Central Skagit Library I understand that I am responsible for my time as agreed upon and will do my best to keep my volunteer obligation. I will notify CSL if I cannot make my scheduled hours.

I certify that the information listed above is true and complete to the best of my knowledge. All information shared will be kept confidential.

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



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**For parents/guardians of minors (ages 10-18) only:**

I, \_\_\_\_\_, have legal custody of the person named above, a minor, and have given my consent for them to volunteer at the Sedro-Woolley Library, part of Central Skagit Library District (CSLD), effective from this date until the volunteer relationship is terminated by me, my child, or by the Library.

I understand that there are inherent risks involved in any program of this nature, and I hereby release CSLD, its agents, and volunteers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement.

If my child is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by staff.

Should this child's activities be restricted for any reason? Please explain:

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

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