



*Minneola Schoolhouse Library*  
 100 S. Main Ave., Minneola, FL 34715  
**VOLUNTEER APPLICATION**

### Personal Information

Last Name	First Name	
Address	City	Zip Code
Mailing Address (if different from above)	City	Zip Code
E-Mail Address		
Phone	Driver's License Number	
Date of Birth	Social Security Number	

### Availability

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
# of hours would like to volunteer per week:	Available all months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, list months available:	

### Interests

What would you like to do? List any skills you have or any ways you can help in the library.

<input type="checkbox"/> Story time	<input type="checkbox"/> Clerical duties	Other (please list):
<input type="checkbox"/> Children's programs	<input type="checkbox"/> Dust	
<input type="checkbox"/> Adults' programs	<input type="checkbox"/> Computer maintenance	

### Person to Notify in Case of Emergency

Last Name	First Name	
Home Address	City	Zip Code
Home Phone	Cell Phone	Work Phone

### Our Policy

It is the policy of the Minneola Schoolhouse Library to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Agreement and Signature

I give the City of Minneola the right to investigate my background. I hereby release the City of Minneola and its representatives from liability for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature	Date
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Thank you for completing this application form and for your interest in volunteering with us.