



Summer Reading Volunteer Application

Lucius E. and Elsie C. Burch, Jr. Library
501 Poplar View Parkway
Collierville, TN 38017

Name: _____

Address: _____

Phone: _____

Cell: _____

Date of Birth: _____ Age _____ -

Background

Education:

Grade _____ School _____

Volunteer Experience: _____

Club or Group Affiliation: _____

Detail any additional experience, knowledge, or training relevant to library work: _____

Have you ever been convicted of an offense other than a minor traffic violation? Yes No

Emergency Contact:

Name: _____ Phone: _____

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I am volunteering my time for personal reasons. I understand that applying does not guarantee a volunteerism opportunity and if selected will not be paid for my services and expect no compensation.

Applicant's Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Updates, volunteer dates and times needed and other information will be sent to your email – CHECK IT OFTEN

Please print your email address clearly

Add **delam@ci.collierville.tn.us** to your email address book