



ADULT VOLUNTEER APPLICATION
Ochoopee Regional Library System

Name _____

Address _____

Telephone _____ Email _____

Emergency Contact Name _____

Relationship _____ Telephone _____

Health Concerns/Allergies _____

Please list dates you will not be available to volunteer:

Scheduling: When are you available to work? We know this will vary but we want to make sure we have work to do lined up and not too many volunteers at one time.

Monday 9am -12pm____
12pm – 3pm____
3pm – 6pm_____

Thursday 9am – 12pm____
12pm – 3pm____
3pm – 6pm_____

Tuesday 9am – 12pm____
12pm – 3pm____
3pm – 6pm_____

Friday 9am – 12pm____
12pm – 2:45pm____

Wednesday 9am – 12pm____
12pm – 2:45pm____

Saturday 11am – 2pm_____

I understand and agree to abide by the ORLS Code of Conduct.

Signature: _____ Date: _____ 20_____