



## Volunteer Registration Facilities Department at Muncie Public Library

Please return registration form to Maring-Hunt Library. Attn: Facilities. (Or drop off at any MPL branch and ask Circulation Desk staff to forward to Maring-Hunt Library, Attn: Facilities Supervisor.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

Emergency Contact Person & Phone Number: \_\_\_\_\_

### Skills and Interests

Education and Background: \_\_\_\_\_

Are you currently a student? No \_\_\_\_\_ Yes \_\_\_\_\_ What School: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

**Currently, MPL is not accepting general volunteers, however, our Facilities Department is accepting volunteers for assistance with maintenance, landscaping, gardening, etc. (If you are interested in volunteering for the Great Achievers Afterschool Program, please use the registration form for that program.)**

\_\_\_ Maintenance (All Locations)

\_\_\_ Landscaping & Gardening (All Locations)

\_\_\_ Other, please describe:

(Please turn over for side two.)

**Is there a specific library location where you want to volunteer?**

- Carnegie Library
- Centennial Library
- Kennedy Library
- Maring-Hunt Library
- Any location is fine

**When are you available to volunteer?**

- Flexible
- Weekdays
- Weekends

**Special Accommodations**

Do you have any special needs, which we may need to provide accommodations for such as wheelchair user, hearing impaired, etc.? Muncie Public Library encourages volunteers of all abilities.

No  Yes, please describe: \_\_\_\_\_

**Reference**

Please list one reference we may contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Signature**

The information I provided above is true and accurate to the best of my knowledge. If I am between the ages of 14 and 17, I understand that a parent or guardian will also need to sign this form. I understand that Muncie Public Library will conduct a background criminal check, and I will submit a separate permission form for this. I understand that Muncie Public Library will use the above information for the sole purpose of volunteer placement. I also understand that no payment or compensation is made to volunteers for duties performed on a volunteer basis.

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

Parent or Guardian Signature: \_\_\_\_\_  
(If Volunteer is between the ages of 14 and 17)

Muncie Public Library appreciates the efforts and assistance offered by community volunteers and makes every effort to place volunteers in suitable volunteer positions based on interest and skills. Thank you for your interest!