



# Volunteer Application

BCPL Rosedale Library ☺ 6105 Kenwood Avenue ☺ Baltimore, Maryland 21237-2097 ☺ Phone: 410-887-0512 x 113  
info@bcplstoryville.org

<p>Today's Date _____</p> <p>Full Name _____</p> <p>Guardian's Name _____ (if under 18 years)</p> <p>Date of Birth _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Email address _____</p> <p>Phone Number(s) _____ _____ _____</p>	<p><b>AVAILABILITY</b></p>	<p>Total Hours Desired per Week _____</p> <p>Monday (9 a.m. - 9 p.m.) _____</p> <p>Tuesday (9 a.m. - 9 p.m.) _____</p> <p>Wednesday (9 a.m. - 9 p.m.) _____</p> <p>Thursday (9 a.m. - 9 p.m.) _____</p> <p>Friday (9 a.m. - 5:30 p.m.) _____</p> <p>Saturday (9 a.m. - 5:30 p.m.) _____</p> <p>Sunday (1:00 p.m. - 5:00 p.m.) _____</p>
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## SERVICE HOURS

Are you required to complete Service Hours? ☺ YES ☺ NO

If yes, name the School, Organization, Program, or Association. ☺ \_\_\_\_\_

## VOLUNTEER ROLES

Please check the assignments which interest you.

- ☺ Rover      ☺ Cleaner      ☺ Repairs  
☺ Greeter    ☺ Office          ☺ Activities

## ACTIVITIES AND INTERESTS

Let us know your talents and interests so we can match you with our volunteer needs.



## PERSONAL / PROFESSIONAL REFERENCES

Please list three people other than relatives who would be willing to serve as references.

Name	Occupation	Phone Number	Relationship	Years Acquainted

I certify that any and all statements made on this application are true, complete and correct to the best of my knowledge. I authorize Baltimore County Public Library to contact the listed references and I give those references consent to respond to questions pertaining to information contained in this application.

If applicant is under 18 years, please have guardian sign:  
As \_\_\_\_\_'s guardian, I take responsibility that he/she can and will reliably be available to volunteer for the times he/she has placed on this application.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date