



High Point Public Library & High Point Museum



Volunteer Application

Name _____ Birthday _____

Address _____ City _____ State _____ Zip _____

E-Mail Address (Email is our primary form of contact. Please print carefully) _____

Phone Number _____

Emergency contact person Name _____ Phone _____ Relationship _____

I am seeking this volunteer position: (check one)

____ to satisfy school/class/scholarship/Community Service requirements. Hours required _____ Deadline _____

____ to become a regular Library/Museum volunteer

Have you volunteered for the Library or Museum before? ____ Yes, at the Library ____ Yes, at the Museum ____ No

Have you ever been convicted of a felony or misdemeanor requiring imprisonment or fine in excess of \$50?

If yes: name the county _____ and state _____

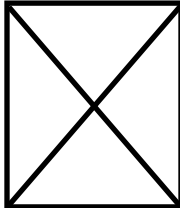
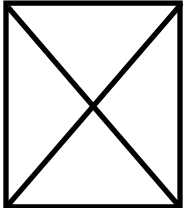
If no: check here

Are you under 18 years of age (circle one) Yes No

Parent/Guardian Signature (Required for minors) _____ Date _____

Availability

Select **three (3)** choices, with at least one of those choices during the week, as time slots fill fast.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 10-12am	<input type="checkbox"/> 10-12am	<input type="checkbox"/> 10-12am	<input type="checkbox"/> 10-12am	<input type="checkbox"/> 10-12am		
<input type="checkbox"/> 12-2 pm	<input type="checkbox"/> 12-2 pm	<input type="checkbox"/> 12-2 pm	<input type="checkbox"/> 12-2 pm	<input type="checkbox"/> 12-2 pm		
<input type="checkbox"/> 2-4 pm	<input type="checkbox"/> 2-4 pm	<input type="checkbox"/> 2-4 pm	<input type="checkbox"/> 2-4 pm	<input type="checkbox"/> 2-4 pm		
<input type="checkbox"/> On Call	<input type="checkbox"/> On Call	<input type="checkbox"/> On Call	<input type="checkbox"/> On Call	<input type="checkbox"/> On Call		

I agree to abide by the policies and procedures of the High Public Library and/or the High Point Museum (depending on where I do my volunteer work).

Signature _____ Date _____

Physically return completed application to the library or mail it to:

Crystal Williams
High Point Museum
1859 E. Lexington Ave.
High Point, NC 27262

Email/call with any questions:
crystal.williams@highpointnc.gov
336.883.3021