



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 **at least three (3)** choices.

Saturday

9-11 am 1-3 pm

11-1 pm 4-6 pm

Sunday

1:30-3:30 pm

3:30-5:30 pm

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:

Jo Williamson
High Point Public Library
P.O. Box 2530
High Point, NC 27261

Email/call with any questions:
jo.williamson@highpointnc.gov
336.883.3521

Email is our preferred form of communication. If you are waiting on a response, please check your spam folders for @highpointnc.gov email address.