



HELEN HALL LIBRARY ADULT VOLUNTEER APPLICATION

(Age 18 and older)

Date _____

Name _____

Address _____ Home phone _____ - _____ - _____

City _____ Work phone _____ - _____ - _____

Email address: _____

EDUCATION: (Please circle grade level.)

High school 9 10 11 12 College 1 2 3 4 5 6 _____

VOLUNTEER EXPERIENCE: _____

Please indicate below the hours you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday

I do agree to abide by all Helen Hall Library policies. *(See Volunteer Services policy)*

Neither the Helen Hall Library nor the City of League City will be liable for injuries sustained by me, or any other person as a result of my action, or the action of others.

Signature _____ Date _____

EMERGENCY INFORMATION

In case of emergency please notify:

Name _____ Relation to you _____

Address _____ City/State _____

Zip Code _____ Phone number _____ - _____ - _____

City of League City
Helen Hall Library
 100 West Walker
 League City, TX 77573



Main: 281.554.1111
 Fax: 281.554.1118

www.leaguecitylibrary.org