

LAS VEGAS-CLARK COUNTY LIBRARY DISTRICT
VOLUNTEER APPLICATION (minimum age 14)
Send application to: walkers@lvccld.org or Fax: 702.507.6180

Name:

Address:

Phone:

Email:

Date of Birth:

Emergency Contact Name:

Phone:

Areas of Interest:

Please list the times you are available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I authorize the Las Vegas-Clark County Library District to conduct a comprehensive review of my background. (applies only if you are over 18) Yes No

Signature of Volunteer _____ Date _____

Parental consent required if under the age of 18

Signature of Parent or Guardian _____ Date _____

Staff Use Only:

Branch: _____

Supervisor: _____

Volunteer Job Title: _____

Start Date: _____

Resignation Date: _____