



## Mulvane Public Library

408 N. 2nd Ave.  
Mulvane, Kansas 67110  
(316) 777-1211  
[www.mulvanepubliclibrary.org](http://www.mulvanepubliclibrary.org)  
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### Mulvane Public Library

### Volunteer Application

Updated Winter 2025

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: (Must be 14 years of age to volunteer) \_\_\_\_\_

School and Grade: (If applicable) \_\_\_\_\_

For hourly requirements, how many hours do you need? \_\_\_\_\_ Date Due: \_\_\_\_\_

Availability: (Include times each day, example 1-2pm)

\*Shifts are a minimum of 2 hours/week.

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Volunteer Interests: (Please check all areas of interest)

\_\_\_ Shelving, Sorting, and Shelf Reading (Making sure books are in order)

\_\_\_ Program Assistance

\_\_\_ Craft Preparation

\_\_\_ General Maintenance

\_\_\_ Summer Reading Program

\_\_\_ Clerical

\_\_\_ Special Projects

\_\_\_ Distributing Fliers

\_\_\_ Friends of the Library Fundraising

Why do you want to volunteer at the Mulvane Public Library? What do you hope to gain from this experience?

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**References:** (Please list two references who are not relatives)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

**Emergency Information:**

In case of an emergency, contact: (Name, phone, and relationship to volunteer)

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**I understand that this is an application for, and not a commitment to or promise of, a volunteer opportunity. I certify that all information provided is true, correct, and complete to the best of my knowledge. I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. If 18 years of age or older, I understand that the Mulvane Public Library may verify information contained on my application in a background check. I also understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer. I authorize investigation and/or verification of all statements contained in this application and release all parties contacted from any and all liability resulting from information provided.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are under 18, please have a parent or guardian sign below as well:**

I, (print and sign) \_\_\_\_\_, give permission to my  
(relationship to volunteer) \_\_\_\_\_ to volunteer at the Mulvane  
Public Library.



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