



Victoria Public Library
 (361) 485-3302
 302 N. Main Street
 Victoria Texas 77901-6592
 www.victoriapubliclibrary.org

Volunteer Application

Please complete all sections. Parent or guardian consent is required for all applicants under age 18.	
Name (First, Middle, Last and Preferred)	
Physical Address (address, street, city, state, ZIP code)	
Mailing Address (if different from physical address)	
Phone Number	Preferred Contact Method (select one or both)
	Call Email
Email Address	Are you 18 years of age or older? (select one)
	Yes No
Emergency Contact Information (name, phone number, address, relationship)	
Name (first, last, and relationship)	
Phone Number	
Email Address	
Address	
Why are you interested in the Volunteer Program at the Victoria Public Library?	
Applicable Skills	
Education (Please circle highest level completed and any relevant information)	
Elementary - Middle - High School	
Vocational	
College	
Languages Spoken/Read/Written	

Relevant Experience(s)	
Reference [1]	
Name (first name, last name)	
Phone Number	
Email Address	
Personal/Professional	
Reference [2]	
Name (first name, last name)	
Phone Number	
Email Address	
Personal/Professional	
Have you ever been convicted of, pled guilty or no contest, received deferred adjudication, any kind of suspended sentences, paid any fee or fine for any crime, including felonies or misdemeanors?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain:	
Service Agreement	
I authorize Victoria Public Library to make inquiries as to my experience, and character, and certify that all statements made on this application are true. Your signature below indicates that you understand that there is no compensation for participation in the Volunteer Program at Victoria Public Library, nor does this application guarantee volunteer service opportunities at Victoria Public Library.	
Signature of Applicant	Date
Parent/Guardian Consent (required for applicants under age 18)	
I, _____ give permission for the applicant to participate in the Volunteer Program at Victoria Public Library for a maximum of _____ hours per week. Your signature indicates your agreement with the above statements.	
Parent/Guardian Name (First, Middle, Last)	Phone Number
Parent/Guardian Signature	Date