



Date: _____

Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Phone Type: Home Cell Business

Email Address: _____

In case of emergency, contact:

Name: _____ Relationship: _____

Phone Number: _____ Phone Type: Home Cell Business

Availability: (check all that apply)

Hours: Morning Afternoon After Hours Events

Days: Monday Tuesday Wednesday Thursday Friday Saturday

Seasons: Fall Winter Spring Summer

Branch: Bay St. Louis East Hancock (Diamondhead) Kiln Waveland Pearlinton

How many hours are you available to volunteer? _____ Weekly OR Monthly

Do you prefer to work: Behind the scenes In the stacks At public outreach events/programs

Do you need special accommodations? No Yes: describe below

Please review the Rules of Conduct (4 – PATRON SERVICES & RESPONSIBILITIES) and 5 – VOLUNTEERS policy on our website at hcls.info/operational-policies.

As a Hancock County Library System Volunteer, I agree that I will not disclose ANY confidential information (including names, addresses, or other personal information) seen during my volunteer assignment.

I also further have read the HCLS Library Rules of Conduct and agree to abide by them and notify library personnel to handle any infractions when I observe them.

I waive and release the Hancock County Library System and employees from all liability, claims, injuries, damages, or losses arising from my participation as a volunteer. This waiver is given in partial consideration for permission granted by the Hancock County Library System to participate in library activities. I further understand the Library System does not provide any form of insurance for volunteers.

Volunteer Signature: _____ Date: _____

Parental Signature: _____ Date: _____

(If the volunteer is under 18, a parent/guardian signature is required)