

Volunteer Application

Applicant name:	Date:
Address:	
Telephone #:	
Date you will be able to start volunteering:	
Volunteer Source (check all that apply):	
I am a customerFriend/Relative is	a volunteerWord-of-mouthInternship program
Online/internetOther	
Are you volunteering to fulfill community service	ce?YesNo
Which Bookstore Volunteer opportunity(s) are	you interested in? (check all that apply)
Book CleanerBook Sorter	Shelving VolunteerEvent Assistance
What days of the week are you available? (Ple	ease circle one or more)
Mon Tues Wed Thurs Fri	Sat
What times are you available?	
References List 3 references including name,	telephone number, and years known
Emergency Contact: Name	Phone
references. I also hereby release from liability The Book Wo information to make decisions and all other persons or orga omission made by me on this application will be sufficient ca specified length of services and that this application does neither I or The Book Worm Bookstore, LLC can terminate the	act, obtain, and verify the accuracy of the information contained in this application from all parm Bookstore, LLC and its representatives for seeking, gathering, and using such anizations for providing such information. I understand that any misrepresentation or materia ause for cancellation of this application. If I am volunteering, I acknowledge that there is not constitute an agreement or contract for employment or volunteer work. Accordingly, the relationship at will, with or without cause, at any time, so long as there is no violation of licy of this organization not to refuse to hire or otherwise discriminate against a qualified or a reasonable accommodation as required by the ADA.
I represent and warrant that I have read in full these conditions.	and understand the foregoing and that I seek volunteer work under
Applicant Signature:	Date: