

LAS VEGAS-CLARK COUNTY LIBRARY DISTRICT VOLUNTEER  
 APPLICATION (minimum age 14)  
 Send your application to: [walkers@lvccld.org](mailto:walkers@lvccld.org) or drop off at your local branch

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Areas of  
Interest: \_\_\_\_\_

Preferred Library Branch: \_\_\_\_\_

Please list the times you are available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Employer (if any): \_\_\_\_\_

Contact phone/email: \_\_\_\_\_

Personal Reference: \_\_\_\_\_

Contact phone/email: \_\_\_\_\_

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**

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ (the minor), hereby consent to and authorize the minor to act as a volunteer for the LVCCLD AND I have read and understand the LVCCLD Personnel Policy and Procedures Manual and Child Safety Guidelines. (available on the LVCCLD website)

Name \_\_\_\_\_ (print)

Signature \_\_\_\_\_ Date \_\_\_\_\_