Rockwall County Library
Adult Volunteer Application

REV. 4/10/25

_____ Return to checkout desk or email to: jaknickerbocker@rockwallcountytexas.com
Date

_____
Name (Last name, First name) **Phone AND e-mail address**

_____
Address (Street, City, Zip)

Person to be notified in case of an emergency:

_____
Name **Address** **Phone**

If volunteering through a group or organization, please give name of the group:

_____

Work and/or Volunteer experience

Type of Service	Organization
_____	_____
_____	_____
_____	_____

Skills (typing, artistic ability, etc.):

Interests and hobbies:

Languages spoken other than English: _____

Type of Volunteer Service you would like to give to Rockwall County Library:

_____ **Shelving Books** _____ **Cleaning/Straightening**
_____ **Making Displays** _____ **Special Projects**

Day(s) and Time(s) available to serve regularly:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

Other information about yourself you want to share:

Suggestions and concerns about the library:

Are you planning to volunteer 10 hours to waive the annual non-resident fee?: **YES/NO**