



Volunteer Accommodation Request Form

Volunteer Services | P.O. Box 2287, Austin, TX 78768-2287 | (512) 974-7443/Relay Texas 711 | APL.Volunteers@austintexas.gov

All requests for reasonable accommodations of a volunteer with a disability are carefully considered and decisions are made in compliance with all applicable laws and regulations. In order for the Austin Public Library to process a reasonable accommodations request, volunteers may need to submit medical documentation. The Volunteer Coordinator will advise you if medical documentation is needed. Medical documentation will be kept confidential.

Name of Person Requesting Accommodation(s): _____

Parent or Guardian Name (if under 18 years): _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are you a current volunteer with Austin Public Library?

Yes, I am a current volunteer with the Austin Public Library.

I currently volunteer at: _____

No, I am applying for a volunteer position with the Austin Public Library.

What accommodation(s) are you requesting?

What, if any, volunteer position function are you currently or may potentially have difficulty performing?

I certify that the answers contained in this form are true and complete to the best of my knowledge. I understand it is my responsibility to provide the Volunteer Coordinator with the most current information and to inform the Volunteer Coordinator of any changes as soon as change occurs. I understand that an accommodation does not exempt a volunteer from following Austin Public Library policies and procedures, nor is it designed for therapeutic or one-on-one care. I understand all information obtained will be used in accordance with all applicable confidentiality requirements.

Date _____

Signature of person requesting accommodation(s): _____

Signature of Parent/Guardian (if under 18 years): _____

