

Volunteer Application



TODAY'S DATE: _____

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Daytime Phone	
E-Mail Address	

Are You Under the Age of 18? If yes, provide birthdate and parent signature.	
Date of birth	
Parent Signature	

Availability
Libraries have opportunities 6 days a week. Please see the library website for individual branch hours.
_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday
From _____ am/pm to _____ am/pm ** Hours per week you would like to volunteer _____
At which branch(es) are you willing to volunteer? _____

Purpose
Why do you want to volunteer at the library?

Volunteer Opportunities
Please list your volunteer interests.

Volunteer Application

Special Skills or Qualifications
Summarize special skills, qualifications and language skills you have gained from employment, previous volunteer work, education, or through other activities, including hobbies or sports.

Previous Volunteer Experience
Have you volunteered before in a library or at any other organizations? Please describe your experience.

Computer Experience
Please describe your experience.

Emergency Contact Information
Name: _____ Relation: _____
Phone: _____ Alternate Phone: _____
Address: _____

(FOR LIBRARY USE ONLY)

Interviewer: _____ Date: _____ Placement:

Start Date: _____ Other Notes: