

VOLUNTEER APPLICATION

Date of Application \_\_\_\_\_

Name\_\_\_\_\_ Birthday: Month\_\_\_\_\_ Day\_\_\_\_\_

Home Address\_\_\_\_\_ City State Zip

Phone (H)\_\_\_\_\_ (W)\_\_\_\_\_

Occupation\_\_\_\_\_

Skills that would be useful to Library (i.e. typing, computer experience, filing, shelving, etc...)\_\_\_\_\_

When are you available to volunteer (circle day/s)

Mon Tues Wed Thurs Fri Sat Morning\_\_\_\_\_Afternoon\_\_\_\_\_Evening\_\_\_\_\_

What type of volunteer work would you like to do?

Pease check all that apply

- Children's programs
- Adopt a shelf
- Circulation desk
- Shelving
- Computer work
- Other
- Clerical (light)
- Book repair

Do you have any medical problems or restrictions that we should be aware of?

\_\_\_\_\_

Name and Phone Number of emergency contact\_\_\_\_\_

\_\_\_\_\_

Name and phone number of personal reference (other than relative)

\_\_\_\_\_