



Volunteer Application
Contact Information

Name _____

Address _____

Home Phone _____ Cell _____

Email _____ Age (if under 18) _____

Availability First visit includes training.

Time limits: 1 hour minimum to 3 hours maximum per week.

Courtesy call if unable to come.

How long do you wish to volunteer? ____ Specify # of Hours ____ Ongoing

During which hours are you available for volunteer assignments?

___ Monday ___ Wednesday ___ Thursday ___ Mornings ___ Evenings

___ Tuesday ___ Friday ___ Saturday ___ Afternoons

Interests Why are you interested in volunteering? _____

Which areas are you interested in volunteering? (Options vary by branch)

___ Organizing Library Materials ___ Filing ___ Displays & Bulletin Boards

___ Shelving Materials ___ Computer Use ___ Preparing Craft Materials

___ Special Projects ___ Cleaning ___ Other

Person to notify in Case of Emergency

Name _____ E-Mail _____

Home Phone _____ Cell Phone _____

Signature _____ **Parent's signature(if under 18)** _____

