

Library Volunteer Application Form

Please print and complete this form. Return the finished application to the library circulation desk.

Personal Contact Information

Full Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

Date of Birth (MM/DD/YYYY):

Weekly Availability

Please write the hours you are available to volunteer for each day:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Interests and Background

Preferred Volunteer Areas (e.g., Shelving, Book Sales, Children's Programs, Technology Help):

Special Skills, Hobbies, or Languages Spoken:

Previous Volunteer or Work Experience:

Emergency Contact Information

Emergency Contact Name:

Relationship to Applicant:

Emergency Contact Phone Number:

Signature Block

By signing below, I certify that all statements made in this application are true and complete.

Applicant Signature: Date: