

Volunteer Application

Please return this application to library staff. Please print.
Under age 18 requires parent's signature.

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Phone #: _____

Email Address: _____

If under 18, grade in school: _____

Preferred Branch Location: _____

Times available: _____

of hours available: _____

Type of work you are interested in: (see list of volunteer positions on pages 6-7). A mandatory background screening is required for volunteers working directly with children.

Skills and abilities for volunteering:

References

Please list 2 references with names and phone numbers

1.

2.

Emergency Contact Information:

Person to contact in an emergency: _____

Relationship to you: _____

Signatures:

Your signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____