

Volunteer Application Form

Name: _____ Date: _____

Address: _____

Phone: _____ E-mail: _____

Emergency Contact & Phone: _____

Education:
High School: _____ Class: _____

College: _____

Other: _____

Volunteer Experience: _____

Work Experience: _____

Do you have any skills that would be useful as a library volunteer?

What are you interested in doing?

- Shelving Shelf-reading Periodicals management Special/seasonal projects
 AV media repair/cleaning Archives (special skills/training and commitment required)

How many hours a week would you like to volunteer? _____

What days/hours are you available? _____

Can you commit to a minimum of three months (averaging one 2-hour shift per week) volunteering with the library? _____

Please note: Volunteer positions often require lifting, bending, reaching, pushing, and other physically demanding tasks.

Signature: _____ Date: _____

Parent/Guardian Signature: _____