

Volunteer Application

Please fill out this form and return it to the library

Regular Volunteer Smile Volunteer Community Service (total hours _____)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (home): _____ Phone # (work): _____

Date of Birth: _____

In case of an emergency, contact: _____ Phone #: _____

List any physical limitations you have that we should consider when matching you with volunteer jobs: _____

Reference / Current Employer

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Volunteering Information

We advise our volunteers to work no more than 2 hours at a time. That being said, what days and times are you available?

Monday from _____ Wednesday from _____ Saturday from _____

Tuesday from _____ Thursday from _____

When can you start _____? Can you make a commitment of at least 8 weeks? YES NO

Staff Use Only

Shelving returned books Auxiliary chores Summer Reading Program

Outdoor chores (snow removal, weeding, sweeping, breaking down cardboard)

Other: _____

Volunteer Contacted _____ Training: Step 1 Step 2

Staff Name _____ Date started _____