



Date: _____

Name: _____ Prefer to be called: _____

Business (if applicable): _____

Address: _____

Phone: _____ E-mail: _____

Hours available to work: Mon: _____ Tue: _____ Wed: _____
Thu: _____ Friday : _____ Sat: _____ Sun: _____

Beginning on: (date) _____ How many hours do you need/want? _____

Do you have a deadline for completing hours? __yes __no If yes, when? _____

If you are completing hours for a particular project, school, program, etc, please list:

Emergency Contact Information: Relation to you: _____

Name: _____

Day time phone: _____ Alternate phone: _____

Why are you interested in volunteering at the library?

Have you ever been convicted in any court of any offense? _____ If yes, please provide details:

If appointed as a Volunteer through the library, I agree to cooperate with library staff and partner affiliates, abide by all library and outside agency policies, and honor the schedule agreed upon for volunteering. I attest that all the above information is true and forthright.

Signed: _____ Date: _____