

[LIBRARY LETTERHEAD]

VOLUNTEER APPLICATION

First Name _____ Last Name _____

Street Address/City/State/Zip Code _____

Phone _____ Email _____

Age (if younger than 18) _____

Related Degree(s) and/or Professional Training:

Related Work and/or Volunteer Experience:

Additional skills that might be helpful to the library:

Briefly describe why you would like to volunteer at the library:

Availability:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____

Morning _____ Afternoon _____ Evening _____ Hours per week _____

Signature of Applicant _____ Date _____

Signature of Legal Guardian (if under 18) _____

Your application will be considered in relation to our current volunteer needs. Volunteer applications are kept on file for one year. Questions or concerns can be forwarded to the Director. Thank you for your interest in the [LIBRARY NAME].