



www.warrenpl.org

Volunteer Application

Name _____

Address _____

e-mail _____

Phone _____ Age (if under 18) _____

I would like to serve as a volunteer. Please check all that apply:

- regularly each week for _____ hours
- for a total of _____ hours; schedule to be arranged
- periodically, on an on-call basis
- summer only
- winter only
- other; please specify _____

Day(s)/Times available:

- Monday Time _____
- Tuesday Time _____
- Wednesday Time _____
- Thursday Time _____
- Friday Time _____
- Saturday Time _____
- Sunday Time _____

Location preferred:

- No preference
- Main Library
- Kirby Branch Library
- Graham Drive Community Library
- Smiths Grove Branch Library

Type of work preferred: _____

Special skills: _____

Physical limitations: _____

Do you have previous library experience (not required)? ___ yes ___ no

If so, what type? _____

Does anyone need to be notified of your volunteer work? ___ yes ___ no

If so, please list contact name and address or e-mail address: _____

Signature of applicant _____

Date: _____

Signature of legal guardian (if applicant is under 18) _____

Date: _____