



WARREN COUNTY  
PUBLIC LIBRARY

# 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: \_\_\_\_\_