



WARREN COUNTY
PUBLIC LIBRARY

Volunteer Application

Name _____

Address _____

e-mail _____

Phone _____ Age (if under 18) _____

Please check all that apply:

I would like to serve as a volunteer

- on a regular basis, for _____ hours per week
- on a one-time basis, for a total of _____ hours
- whenever needed for special projects
- only in the __summer__fall__winter__spring
- 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
- Smiths Grove Branch Library

Special skills: _____

Physical limitations: _____

Do you have previous volunteer or 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: _____