

VOLUNTEER APPLICATION

Name		Teen(age 14-17) □Adult
Address	City	Zip
Phone #	Email Address:	
Employer/School		
Emergency contact: Name	Phone#	
I would like to volunteer: (Choose one) ☐Short-term ☐Long Term ☐Oo *Volunteer hours are required by ☐ s Total number of hours required:	chool, \square workplace, \square cou	irt, or legal program:
WHAT DAYS AND TIMES ARE YOU AVAILABL		
Wednesday Thursday	Friday	Saturday
Please share what volunteer positions interbenefit the library:		ts you have that may
SIGNATURE: The library attempts to respond to all volun	 mteer applications within two (2) weε	DATE: eks. If a suitable volunteer
position is not available at that time, applic time period applicants are encouraged to re	cations will be kept for consideration	
Library Use Only: ☐ Friends ☐ Literacy ☐	☐ Committees ☐ Events	□ Special projects
NOTES: Received Replied		(2024)