

## **Volunteer Application**

Contact Information		
Name		
Street Address		
City		
Home Phone		
Work Phone		
E-Mail Address		
Availability		
During which hours are you available for volunteer assignments?		
Weekday mornings	Weekend mornings	
Weekday afternoons	Weekend afternoons	
Tuesday evenings	Thursday evenings	
Interests	in the second se	
Tell us in which areas you are interested in volunteering. NOTE: We match the volunteer to the specific tasks that we need done in the library, so filling out an application does not guarantee that you will be contacted.		
Chabing books attraightaning abolton abolt reading		
Shelving books, straightening shelves, shelf reading		
Dusting, light housekeeping Children's Programs preparation		
Fundraising	alation .	
Outreach Programs		
-	d implementing programs to teach basic online and computer skills	
Poster dispersal		
1 00101 01001001		
<b>Special Skills or Qualifica</b>	ations	
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.		

Previous Volunteer Experience		
Summarize your previous volunteer experience.		
References		
Name		
Relationship to applicant		
Phone number		
Name		
Relationship to applicant		
Phone number		
Agreement and Signature	e	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that		
if I am accepted as a voluntee	er, any false statements, omissions, or other misrepresentations made by	
me on this application may result in my immediate dismissal.		
Name (printed)		
Signature		
Date		

## **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.