

VOLUNTEER APPLICATION

Name _____

Address _____

Phone _____

Age _____

Date of Birth _____

Emergency Contact Information

Name _____

Relation to Volunteer _____

Phone Number _____

Work Schedule -please write down a time by the day that you would be able to volunteer. The library will let you know the days you will be needed.

Day

Time

Monday

Tuesday

Wednesday

Thursday

Friday

Volunteers Signature _____

Volunteer Coordinator _____