

VOLUNTEER APPLICATION

WILL ROGERS LIBRARY

Last Name _____ **First Name** _____ **Middle Initial** _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Email** _____

Age Group (Circle) 15-21 22-55 55+ **Birth Date** _____

Volunteer Experience _____

Interests/Special Skills (ex: music, art, computers, typing, second language, working with children, etc.)

Please List Any Physical Restrictions: _____

Availability: What Days Are You Able to Volunteer? (Circle)

Monday Tuesday Wednesday Thursday Friday Saturday

How Many Hours Per Day? _____ Hours **What Times? (Circle)** Morning Afternoon

How Did You Hear About the Library's Volunteer Program? _____

Why Do You Want To Volunteer At The Library? _____

Applicant Signature

Date

Parent/Guardian Signature (Required if Applicant is Under 18 Years of Age)