

Volunteer Application

_____ Date _____

_____ Name _____ email address _____

_____ Street address _____ City _____ State _____ Zip _____

_____ Cellular phone number _____ Text: yes no _____ Secondary phone number _____

All information is confidential. The following information is optional and will be used only when applying for grants.

Please check age group:

- 12 - 13 (must be accompanied by parent volunteer) 14 - 17 (with parental signature)
 18 - 30 31 - 50 51 - 65 66 & over

Please check ethnicity:

- African American American Indian or Alaskan Native Asian or Pacific Islander
 Caucasian Hispanic Middle Eastern

Please list your interests, skills, and hobbies that you are willing to share with FOL (check all that apply):

- Shelving books & straightening shelves Sorting and categorizing books
 Delivery of library materials to the housebound Special clerical projects
 Summer library projects:
 Would you prefer to work: with the public behind the scenes.
 Word processing and other software: _____
 Foreign or sign language: _____
 Prior library &/or volunteer experience: _____

Please indicate days & times you will be available to volunteer:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____
Friday: _____ Saturday: _____ Sunday: _____

Please list emergency contacts:

_____ Name _____ Phone _____ Relationship _____
_____ Name _____ Phone _____ Relationship _____

_____ Applicant's Signature _____ Parent's Signature (if Applicant is a minor) _____