

ALBERT WISNER PUBLIC LIBRARY
Volunteer Application

Please print clearly. Applicants under age 18 require a guardian's/ or parent's signature.

Requested Volunteer Position: _____

If the volunteer time is for an organization, how many hours are needed? _____ What is the deadline for completing the service? _____.

Name: _____ Date: _____

Address: _____

Telephone Number: _____ Cell: _____

E-Mail: _____

Over 18 years old? : Yes _____ No _____ Birth Day/Month: _____

Parent/Guardian Signature (for under age 18): _____

Emergency Contact:

Name: _____

Telephone: _____ Relationship: _____

Reference:

Name _____

Telephone Number: _____ E-Mail: _____

Employment Information:

I am currently employed _____

I am currently not working _____

I am retired _____

Current Employer, if applicable: _____ Occupation: _____

Supervisor's Name: _____

Supervisor's Telephone Number: _____

Volunteering:

Do you have any prior volunteer experience? _____

If yes, please describe:

Please describe any interests/skills to aid us in determining your volunteer assignment:

Are there any tasks that you would prefer not to be assigned? _____

Availability/Times:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Number of volunteer hours per week desired: _____

Signature:

By signing below, I agree to regard my assignment as a serious commitment and to abide by the policies of the Albert Wisner Public Library. I also agree to maintain communication with my supervisor regarding my assignment and to request clarification as necessary.

Signature: _____ Date: _____

Last updated: 5/12/2015