



VOLUNTEER APPLICATION

PLEASE PRINT			
Last Name	First	Middle	
Address	City	State	Zip Code
E-mail Address			Phone Number
E-mail Address		Contact Person In Case Of Emergency	
This e-mail address will be used to e-mail your schedule and program updates.		Phone Number If Different From Above	
Hours Available	Days Available		
Date of Birth (only if over 18):		Social Security Number (only if over 18):	
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p>_____</p> <p>Volunteer's Signature</p> <p>_____</p> <p>Parent or Guardian Signature (if volunteer is under 18)</p> <p>Date Completed: _____</p> </div> <div style="width: 35%; border: 1px solid black; padding: 10px; text-align: center;"> <p><i>Volunteers over the age of 18 will need to pass a background check before beginning work in the library.</i></p> </div> </div>			