

VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email _____

Parent/Guardian Name _____

Contact Number _____

Best Time to Call _____

Have you ever volunteered for a public or school library before? _____

If yes, what tasks did you perform? _____

Days and times that work best for your schedule:

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Saturday _____

I have read and received a copy of the Milton-Union Public Library Volunteer Application and Guidelines and agree to abide by them if I am granted service time by the Library.

Print Name _____ Date _____

Signature _____

Parent / Guardian Signature (if applicable) _____