

VOLUNTEER

APPLICATION FORM



The Walter E. Olson Memorial Library strives to match the needs of the library with the strengths and skills of our volunteer applicants. If there is not an immediate match, we will hold your application and contact you when a special project arises.

NAME _____ DATE _____

ADDRESS _____

PHONE _____ EMAIL _____

Birthday (month and day) _____

Describe any previous volunteer experience, special skills, or library-related interest:

Do you have a preference for what you would like to do at the library? _____

EMERGENCY CONTACT INFORMATION:

NAME _____ RELATIONSHIP _____

MAIN PHONE _____ SECONDARY PHONE _____

Medical provider name or preferred healthcare facility _____

SCHEDULE AVAILABILITY:

Please indicate your availability preferences during the library's open hours

MON: _____ TUES: _____ WED: _____

THURS: _____ FRI: _____ SAT: _____

How many hours are you available to volunteer each week? _____

Specific time frame, if necessary: START _____ END _____
[MM/DD/YY] [MM/DD/YY]

FOR STAFF USE

CALLED _____ SCHEDULED _____ ASSIGNMENT _____
[start date]