Smith Public Library
Volunteer Application

Date: _____

Name: _____

Email: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Drivers License # _____

Emergency Contact: _____Phone: _____

Please give two references (not related to you)

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

1. Have you volunteered before? _____ If yes, where? _____

2. Why do you want to volunteer at the library?

3. Are you required to fulfill a specific number of volunteer hours?_____ If yes, how many ____

4. Please list days/hours you are available to volunteer. _____

Sign: _____ Date: _____

(I attest that all information above is accurate and true to the best of my knowledge.)

1/8/2014