

Volunteer Application

Name	First	Last	
Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other	
Address	Street Address	City	Zip Code
Email			
Age	<input type="checkbox"/> Youth (age 10-12)	<input type="checkbox"/> Teen (age 13-19)	<input type="checkbox"/> Adult (age 20+)

Why do you want to volunteer at the library?

Are you volunteering to fulfill a requirement?

School
 Boy/Girl Scouts
 Court ordered community service
 Church
 Other _____

What types of volunteer responsibilities would you prefer?

Putting books in order
 Talking with people
 Organizing
 Cleaning
 Helping set up events
 Arts & craft prep
 Other _____

What skills do you have that would be relevant to volunteering at the library?

Alphabetizing
 Good with people
 Technology _____
 Organizing things
 Multiple languages
 Other _____

When are you available to volunteer at the library?		Hours
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	

What relevant volunteer or work experience do you have?

I certify the information provided on this application is true to the best of my knowledge. I understand I am not guaranteed an interview or assignment to a volunteer position at the Eager Free Public Library.

Signature _____ Date _____

If under the age of 18 a parent/guardian must also sign.

I give my permission for my child to volunteer at the Eager Free Public Library.

Signature _____ Date _____

Questions? Contact us at eagerfree@als.lib.wi.us or 608-882-2260

Return completed application to:

Eager Free Public Library
 39 W. Main Street
 Evansville WI 53536

After submitting your application, you will be contacted by library staff. Thank you!