

## VOLUNTEER APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Do you currently have a 4CLS Library Card? \_\_\_\_ Yes \_\_\_\_ No

When are you interested in volunteering? (Check all that apply)

- Mornings
- Afternoons
- Flexible hours (different hours from week to week)
- Regularly scheduled hours each week (i.e. Tuesday afternoons 2 to 4)
- Called only for special needs

Are you age 14 or older?

Have you ever been convicted of a crime?

*(Other than a minor traffic offense that resulted in a fine.)*

Do you have a valid driver's license?

Are you interested in working as a delivery volunteer for the Homebound Program? \_\_\_\_ Yes \_\_\_\_ No

List skills/interests you possess that would be helpful to the library:

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Describe any current/previous volunteer experience:

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List three personal references and their phone numbers:

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