



Volunteer Application

Name

Address

City

State

Zip

Work Phone

Home Phone

Email

Emergency Contact Name

Phone

What time(s) would you be willing to volunteer:

Morning

Afternoon

Evening

Are there specific days and/or times that you would be willing to volunteer? If so, please list them:

Have you volunteered in a library before?

Yes

No

What skills do you bring to the library, and how best may we utilize them?

What parts of library work most interest you?

Do you have relevant education that may be utilized as a volunteer?

Are there any accommodations you need to volunteer? If so, please list them.

Signature for parental approval for volunteers under age 18

Consent to a background check for volunteers over age 18

Thank you for offering to volunteer at the Adamstown Area Library!