

Columbia Public Library Volunteer Application

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work \_\_\_\_\_

Employer \_\_\_\_\_

Name and Address

Education: High School Graduate            yes    no  
If no, list highest grade completed \_\_\_\_\_  
College or other training \_\_\_\_\_

Special Interest or Hobbies: \_\_\_\_\_

Why do you desire to be a library volunteer? \_\_\_\_\_

How did you hear about the library volunteer program? \_\_\_\_\_

List previous volunteer experience \_\_\_\_\_

Please indicate day and time availability with a checkmark:

	Mon	Tues	Wed	Thurs	Fri	Sat
Morning	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____

How many hours each week to you plan to donate to the library? \_\_\_\_\_

Would you be willing to substitute in case of illness or other emergency? \_\_\_\_\_

List two references. Do not list relatives.

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency, who should be contacted?

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to volunteer \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature /Date