Volunteer Application

_____
Date

Last Name First Name Name Tag Preference

Street Address City Zip

Home Telephone Work Telephone Cell Phone

School email address

Age: Teen 16-17 yrs. (For school credit only) Adult 18+ yrs.

Availability: Monday Tuesday Wednesday Thursday

Mornings Afternoons (Circle all that apply)

If volunteering for a school requirement, how many hours are needed? _____
(*Court ordered service hours are not available at this time.*)

Education, job skills and volunteer experience: _____

_____

_____

Are you bilingual? Yes No If yes, which languages: _____

Hobbies _____

Why do you want to volunteer at the Safford Library? _____

_____

Emergency contact:

Name: _____

Telephone: _____

Relationship: _____