DECATUR PUBLIC LIBRARY VOLUNTEER APPLICATION FORM

DATE: _____

NAME: _____

ADDRESS: _____(ZIP)_____

PHONE #: _____

E-MAIL ADDRESS: _____

INTERESTS OR HOBBIES: _____

SKILLS: _____

WHAT KIND OF WORK DO YOU PREFER? _____

_____

WHAT DAYS ARE YOU AVAILABLE TO WORK? _____

_____

PLEASE LIST ANY HEALTH RESTRICTIONS: _____

_____

ARE YOU VOLUNTEERING THRU AN ORGANIZATION? (IF SO, PLEASE NAME)

_____

REFERENCES: (NAME, ADDRESS & PHONE):

1)_____

2)_____

3)_____

VOLUNTEER SIGNATURE: _____