



**Children's Volunteer Application Form  
Children's Department**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Present occupation & employer: \_\_\_\_\_

\_\_\_\_\_

Former occupation & employer: \_\_\_\_\_

Are you a student? \_\_\_\_\_ Where? \_\_\_\_\_ Grade or level: \_\_\_\_\_

List any education, experience or special interests that you feel would be helpful in volunteering in the Children's Department of the Library.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any particular activities that you would like to be involved with in the Children's Department? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your availability? Note time of day, time of year, frequency & number of hours you would be available, including probably length of commitment.

\_\_\_\_\_

Comments/suggestions: \_\_\_\_\_

\_\_\_\_\_