



## Kewaskum Public Library Volunteer Application Form

Thank you for your interest in volunteering at the Kewaskum Public Library. All the information you provide will be kept confidential, to be used for the volunteer program only.

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

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ (year optional if 18 or over)

Present or former employer (list school if student)

\_\_\_\_\_

### Emergency Contact Information

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

Relationship: \_\_\_\_\_

### References (Not related to you)

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

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

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

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



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**Please check the day(s) and time(s) you are available to volunteer:**

Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

How many hours per week would you like to volunteer? \_\_\_\_\_

I would like to volunteer in the following areas: *(You may choose more than one.)*

\_\_\_ Program Assistance (circle preferred age) Children Teen Adult

\_\_\_ Fundraising

\_\_\_ Publicity

\_\_\_ Light Housekeeping

\_\_\_ Craft preparation / Create displays

\_\_\_ Other (please specify \_\_\_\_\_)

### **Volunteer History**

Have you had previous volunteer experience? **Yes No**

If “Yes”, please complete the following:

Name of Organization:

\_\_\_\_\_

Volunteer experiences:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_