



Library Volunteer Application

Volunteers must be at least 14 years of age.
Parent's signature is required for minors.

Date: _____

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Education

High School/GED: _____

Location: _____ Dates Attended: _____

College/University: _____

Location: _____ Dates Attended: _____

Skills

Filing Typing Google Docs Excel Word Library Circulation System

Other: _____

Why are you interested in volunteering for the library?

What type of work are you interested in?

Delivering Materials Clerical Technology Decorations

Shelving Materials Cleaning Library Events Facilities & Maintenance

Other: _____

Preferred Location(s)

Clever Nixa Ozark Sparta

In case of an emergency, who should we contact?

Name: _____

Daytime Phone: _____ Evening Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

References

Please list two non-family references, include phone numbers.

1. _____

2. _____

I certify that the statements made in this application are true and correct.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Note: Volunteers must be at least fourteen years of age.)