



1005 N. 4th Ave. • Ozark, MO 65721 • (417)581-2432
christiancountylibrary.org

Library Volunteer Application

Please print clearly and complete each section. Minimum age for volunteers is 14 years of age. Those under the age of 18 will require their parent's signature.

Date: _____

Name: _____

Daytime Phone: _____ Evening Phone: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

If under the age of 18, what grade in school? _____

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

Education:

High School/GED

School: _____

Location: _____ Dates Attended: _____

College/University:

School: _____

Location: _____ Dates Attended: _____

Skills:

Office: Filing Typing Other: _____

Computers: Access Excel Word Other: _____

Library Circulation System Name of System: _____

References:

Please list two non-family references, with names and phone numbers.

1. _____

2. _____

Why are you interested in volunteering for the library?:

What type of work are you interested in?:

Delivering materials to homebound patrons Office tasks Computer tasks Crafts

Shelving and straightening materials Cleaning Program help Storytime Help

Other: _____

Special skills and interests:

In case of an emergency, who should we contact?:

Name: _____

Daytime Phone: _____ Evening Phone: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

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

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____