Wells Public Library

VOLUNTEER PROGRAM APPLICATION

(PLEASE PRINT)

Name:_____ Date:_____

Address:_____

City/Town:_____ State:_____

Home Phone:_____ Email:_____

Please list one (1) business and one (1) personal reference:

Business Reference ____ Personal Reference

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Type of Volunteer

☐ Regular Library ☐ Community Service:_____

School/Organization

Days & hours available to volunteer at the Wells Public Library:

Monday_____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____Saturday _____

Mornings/Hours: _____ Afternoon/Hours: _____

If Community Service/Total Hours Needed _____ Deadline/Date: _____

Volunteer Experience:_____

_____

Other Experience: _____

Education: _____

Special skills/interests: _____

Person to be called in case of emergency: _____Phone: _____

_____ _____ _____ _____

Applicant's Signature Date (If Under 18) Parent's/Guardian's Signature - REQUIRED Date

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FOR LIBRARY USE ONLY

Interview Date: _____ Library Rep.: _____ Start Date: _____ Area/Activity: _____