

**ALBERT WISNER PUBLIC LIBRARY**  
**Volunteer Application**

Please print clearly. Applicants under age 18 require a guardian's/ or parent's signature.

**Requested Volunteer Position:** \_\_\_\_\_

**If the volunteer time is for an organization, how many hours are needed? \_\_\_\_\_ What is the deadline for completing the service? \_\_\_\_\_.**

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

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

Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Interested in receiving one or both of our regular e-newsletters? Circle: Adult Teen

Over 18 years old? : Yes \_\_\_\_\_ No \_\_\_\_\_ Birth Day/Month: \_\_\_\_\_

Parent/Guardian Signature (for under age 18): \_\_\_\_\_

**Emergency Contact:**

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

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

**Reference:**

Name \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Employment Information:**

I am currently employed \_\_\_\_\_

I am currently not working \_\_\_\_\_

I am retired \_\_\_\_\_

Current Employer, if applicable: \_\_\_\_\_ Occupation: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Telephone Number: \_\_\_\_\_

**Volunteering:**

Do you have any prior volunteer experience? \_\_\_\_\_

If yes, please describe:

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

Please describe any interests/skills to aid us in determining your volunteer assignment:

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

Are there any tasks that you would prefer not to be assigned? \_\_\_\_\_

\_\_\_\_\_

**Availability/Times:**

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Number of volunteer hours per week desired: \_\_\_\_\_

**Signature:**

By signing below, I agree to regard my assignment as a serious commitment and to abide by the policies of the Albert Wisner Public Library. I also agree to maintain communication with my supervisor regarding my assignment and to request clarification as necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_