

Volunteer Application

BOONE COUNTY PUBLIC LIBRARY

Please complete the volunteer application form and return it to the library. The library volunteer coordinator will let you know if the library has any current openings

NAME _____

ADDRESS _____

TELEPHONE Home: _____

Cell (optional): _____

E-Mail address: _____

Name of school: _____

Last year of school completed: _____

Your special interests and skills:

Work experience:

When are you able to volunteer? Please indicate possible times.

	MORNING	AFTERNOON	EVENING
SUNDAY	Closed		Closed
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			Closed

Total hours you can volunteer per week:

At which branch do you want to volunteer? (Main, Scheben, Florence, Lents, Walton)