

AVAILABILITY

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
to	to	to	to	to	to

I will be able to volunteer starting: _____ (Date)

EMPLOYMENT

Are you currently employed? Yes No

List most recent employers with dates and duties:

VOLUNTEER EXPERIENCE

Have you volunteered before? Yes No

Have you volunteered at a library? Yes No

List most recent volunteer experiences including dates and duties:

REFERENCES

List at least one employer, supervisor, or teacher we may contact as a reference:

Name: _____ Title: _____

Company/School: _____ Telephone: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact (Name): _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

All information on this volunteer application is accurate, to the best of my knowledge. If I become a volunteer, I agree to abide by all the rules and regulations of the Western Counties Regional library system.

Signature : _____ Date: _____

Volunteering in your local library is a positive and satisfying experience. Our Volunteer Coordinator can help match your talents with our needs. Return this form to any library or call the Main Library at (304) 528-5700 and ask to speak to our Volunteer Coordinator for more information.