



STAFF USE ONLY	
App Date:	_____
Orientation Date:	_____
Tier 1 <input type="checkbox"/> Date:	_____
Tier 2 <input type="checkbox"/> Date:	_____

Volunteer Application

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Preferred Name: _____ **Date of Birth:** _____

Address: _____

Phone: _____ cell home OK to text

Email: _____

How long do you wish to volunteer? _____ # of hours _____ ongoing

During what hours are you available to volunteer? Please check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Why are you interested in volunteering at the Louisville Public Library?

What are you interested in doing during your volunteer time? Please check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Organizing and shelving materials | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Preparing craft materials | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Computer work | <input type="checkbox"/> Work where needed | _____ |

Special Skills or Qualifications

Please summarize any special skills or qualifications that you have acquired from training, employment, previous volunteer work, or through other activities, like hobbies and sports:

Applicant's signature: _____

Date: _____

For volunteers under age 18:

PARENT/GUARDIAN SIGNATURE: _____

Print Parent/Guardian Name: _____

Date: _____

In Case of Emergency, please notify:

Name: _____

Relationship to Volunteer: _____

Phone: _____

Please return completed application to
Assistant Director Deborah Long
Email: deborah.long@louisvillelibrary.org
Fax: 330-875-3530