

APPLICATION FOR VOLUNTEERS

Date _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ E-mail _____

Reason for volunteering (Community Service, Hours for School, Traffic Ticket, Offense?)

Total Number of Hours Needed _____ Number of Hours per week _____

Days of the Week You Can Work _____

Which school are you enrolled at? _____ Grade _____

Do you speak fluently, read or write any language in addition to English?

Do you have any medical conditions or physical limitations your supervisor should be aware of?

EMERGENCY CONTACTS

Name _____ Relationship _____

Phone (If different from above) _____

Doctor _____ Phone _____ Hospital _____

Parental approval is required for volunteers who are under 18 years old. I give my approval for the person named at the top to volunteer at the Bloomer Public Library.

Parent/Guardian Signature

Date