



Homer Public Library

Volunteer Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Emergency Contact

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Previous job skills or volunteer experience:

Why do you want to volunteer at the library?

Position Desired: _____

Days and Times Available:

Monday: _____ Thursday: _____

Tuesday: _____ Friday: _____

Wednesday: _____ Saturday: _____