

HOMER PUBLIC LIBRARY: VOLUNTEER APPLICATION

Personal Information

Full Name:

Last

First

M. I.

Mailing Address:

Street Address

Apartment/Unit #

City

State

Zip Code

Primary Phone:

Alternate Phone:

Email Address:

Emergency Contact

Full Name:

Last

First

M. I.

Mailing Address:

Street Address

Apartment/Unit #

City

State

Zip Code

Primary Phone:

Alternate Phone:

Email Address:

Previous job skills or volunteer experience

Why do you want to volunteer at the library?

May we publicly acknowledge your volunteer service at the library? ☐ Yes ☐ No

Position desired:

Days and Times Available

Monday:

Thursday:

Tuesday:

Friday:

Wednesday:

Saturday: