

VOLUNTEER INFORMATION FORM

DATE: _____

NAME: _____

CURRENT ADDRESS: _____

PHONE: _____

Have you been convicted, or have you served time in a correctional institution within the past seven (7) years, for any crime, which might have some bearing on your fitness to serve as a library volunteer?

YES _____ NO _____ If yes, please provide details on a separate sheet.

List the days & hours you are available for volunteering:

Indicate the kinds of activities or tasks you think you might be able to do or might like to learn how to do in the library:

Previous volunteer/work experience, relevant education, special training and/or hobbies:

I certify that the above statements above and attached to this information form are true and complete to the best of my knowledge. I understand false statements shall be sufficient cause for my volunteer activities to be discontinued by the Library.

SIGNATURE OF VOLUNTEER: _____

DATE: _____