

Volunteer Application



TODAY'S DATE: _____

www.mohavecountylibrary.info

Contact Information

Name	
Street Address	
City, ST & ZIP Code	
Daytime Phone	
E-Mail Address	

Are You Under the Age of 18?

Yes No

Parent Signature (if under 18)

Availability

Libraries have opportunities 6 days a week. Please see the library website for individual hours.

Monday Tuesday Wednesday Thursday Friday Saturday

From _____ am/pm to _____ am/pm **Hours per week you would like to volunteer _____

At which branch(es) are you willing to volunteer: _____

Purpose

Why do you want to volunteer at the library?

Do you want to volunteer to fulfill school community service? YES NO

If So, how many hours do you wish to fulfill? _____

Special Skills or Qualifications

Summarize special skills, computer skills, qualifications and language skills you have gained from employment, previous volunteer work, education, or through other activities, including hobbies or sports.

Volunteer Application



Previous Volunteer Experience

Please describe your volunteer experience:

Volunteer Opportunities

Please list your volunteer interests.

Book and AV maintenance Displays & Bulletin Boards
 Straightening & dusting shelves Adult Computer Aid
 Shelving Other _____

Emergency Contact Information

Name: _____ Relation: _____
Phone: _____ Alternate Phone: _____
Address: _____

(FOR LIBRARY ONLY)

Interviewer: _____ Date: _____

Placement: _____ Start Date: _____

Other Notes: