



Volunteer Application

Last Name: _____ First Name: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Library Preference: ___ Cedaredge ___ Crawford ___ Delta ___ Hotchkiss ___ Paonia ___ Literacy

Education: ___ Elementary School ___ Middle School ___ High School ___ College ___ Other:

Days/Times Available: _____

How many hours per week would you like to volunteer? _____

As a volunteer, what would you most enjoy doing? _____

List any past volunteer or work experience that you feel might be beneficial to the library:

List any volunteer opportunities (attached) that you may be interested in:

In case of an emergency, whom should we call?

Name: _____ Phone: _____

Please provide two references (including name, phone, and relationship):

1. _____
2. _____

I understand that, as a volunteer, I will be assigned to perform whatever duties the library considers most necessary and helpful to its operation. I also understand that my work will be reviewed and my services at the library may be concluded at any time.

Signature: _____ Date: _____