Please print and complete both sides of the form. DATE
PERSONAL INFORMATION
FIRST NAME & PREFERRED PRONOUNS
LAST NAME
STREET ADDRESS
CITY/STATE/ZIP
HOME PHONE CELL PHONE
EMAIL
DATE OF BIRTH (MONTH/DAY/YEAR)
WHAT AREA OF THE LIBRARY INTERESTS YOU?
ARE YOU WILLING TO WORK IN ANY AREA OF THE LIBRARY?
SPECIAL INTERESTS AND SKILLS (WORD PROCESSING, ARTISTIC ABILITY, EXCEL, ETC)
WORK EXPERIENCE
VOLUNTEER EXPERIENCE

AVAILABILITY

Check all that apply.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON	I 🗆						
EVENING							
EMERGEN	CY CONTAC	T INFORMATIO	ON				
NAME					PHONE _		
ADDRESS _							
1	le the name, ac			rences who are not re			
I understand manner.			ers. I will arrive at tl	ne designated day ar		I my assignment i	n a responsible

Thank you for your interest in providing volunteer service at the Warren-Newport Public Library. The mission of Volunteer Services is to support both the staff and patrons of our facility. Upon receipt of your completed application, we will compare your availability and the area of interest with our current opportunities. Please be advised all applicants' references will be checked, and once accepted, all volunteers must agree to a criminal background check. If you have any questions, please contact the Volunteer Coordinator at 847/244-5150, ext. 3059.