

# Van Meter Public Library

## Volunteer Application

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Parent/Guardian Name (if under 18yrs): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (circle one):    Male            Female

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Please fill out the days and times you are available to volunteer:

\_\_\_ Monday            Hours Available: \_\_\_\_\_

\_\_\_ Tuesday            Hours Available: \_\_\_\_\_

\_\_\_ Wednesday            Hours Available: \_\_\_\_\_

\_\_\_ Thursday            Hours Available: \_\_\_\_\_

\_\_\_ Friday            Hours Available: \_\_\_\_\_

\_\_\_ Saturday            Hours Available: \_\_\_\_\_

Comments or additional information: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Required if applicant is under 18 years of age)*