

Jefferson County Library Application for Volunteers

Date Submitted: _____

Name: _____ Phone: _____

Address: _____

Email: _____ Phone: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

What interests you about volunteering your time at the library?

Past work and/or volunteer experience:

Skills:

Special talents you would like to share – please include hobbies, interests, education, work, other experiences, etc.:

Do you have any physical limitations?

Are you interested in volunteering in any of the following areas:

- _____ Special programs for adults
- _____ Special programs for children
- _____ Special projects (one-time efforts)
- _____ Book repair (covering, repairing)
- _____ Shelf reading & pulling book holds for customers

Availability:

MON	TUES	WED	THUR	FRI
am ___ to ___	am ___ to ___	am ___ to ___	am ___ to ___	am ___ to ___
pm ___ to ___	pm ___ to ___	pm ___ to ___	pm ___ to ___	pm ___ to ___

Are you available on weekends? If so, please note hours available

Note: Volunteers who work with children are subject to background checks.

Jefferson County Library
620 Cedar Avenue
Port Hadlock, WA 98339