WPL | WOODBRIDGE PUBLIC LIBRARY

Volunteer Application

Name: _____ Date: _____
Last First MI

Address: _____
Street Town Zip

Best phone number to reach you: _____ Grade: _____

E-Mail address: _____

Are you volunteering for community service hours? (Circle one) Yes No

If **yes**, why do you need the volunteer hours? (e.g., graduation) _____

Total number of hours needed: _____ **Required completion date:** _____

Please check (✓) your availability for the given days of the week below:

Days/Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.						
P.M.						

Emergency Contact Information:

Name: _____
Last First MI

Address (if different from above): _____
Street Town Zip

Home phone: _____ Cell phone: _____

Parent / guardian signature: _____ Date: _____

<<<<<<<<<<<<<<<<<<<<<<< Library Use Only >>>>>>>>>>>>>>>>>>>>>>>

Assigned location: _____ Date trained: _____

Days and hours scheduled: _____

Comments: _____